A GUIDE TO CONDUCTING BUSINESS WITH THE NATIONAL INSTITUTES OF HEALTH

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INTRODUCTION

One of the primary objectives and policies of the National Institutes of Health (NIH) is to stimulate competition in the acquisition arena to the fullest extent consistent with quality, efficiency, and economy. The NIH's policy also provides that small, small disadvantaged, small woman-owned and small Historically Underutilized Business Zones (HUBZone) concerns receive a fair and equitable share of prime and subcontract dollars awarded by the agency and its major prime contractors. Through its partnerships with industry, the NIH strives for scientific progress in health research and preventive health care.

This publication has been prepared to acquaint individuals and businesses with the mission of the NIH and its acquisition and small business programs. Further, it is intended to assist individuals and businesses understand the NIH as a potential client and navigate the acquisition arena to discover business opportunities.

MISSION

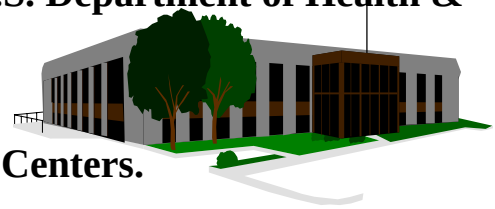
The NIH began as a one-room Laboratory of Hygiene in 1887; today it is one of the world's foremost biomedical and behavioral science research centers. An agency of the Department of Health and Human Services (DHHS), the NIH is the Federal focal point for health research.

The NIH is the steward of biomedical and behavioral research for the Nation. Its mission is science in pursuit of fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to extend healthy life and reduce the burdens of illness and disability. The goals of the agency are as follows: 1) foster fundamental creative discoveries, innovative research strategies, and their applications as a basis to advance significantly the Nation's capacity to protect and improve health; 2) develop, maintain, and renew scientific human and physical resources that will assure the Nation's capability to prevent disease;
3) expand the knowledge base in biomedical and associated sciences in order to enhance the Nation's economic well-being and ensure a continued high return on the public investment in research; 4) exemplify and promote the highest level of scientific integrity, public accountability, and social responsibility in the conduct of science.

In realizing these goals, the NIH provides leadership and direction to programs designed to improve the health of the Nation by conducting and supporting research: in the causes, diagnosis, prevention, and cure of human diseases; in the processes of human growth and development; in the biological effects of environmental contaminants; in the understanding of mental, addictive and physical disorders; in directing programs for the collection, dissemination, and exchange of information in medicine and health, including the development and support of medical libraries and the training of medical librarians and other health information specialists.

The National Institutes of Health . . .

- **is one of ten Operating Divisions in the U.S. Department of Health & Human Services.**



- **is composed of 25 separate Institutes and Centers.**

- **has 75 buildings on a 322—acre campus in Bethesda, Maryland, has a satellite campus in Research Triangle Park, North Carolina, and labs at various locations throughout the U.S.**

- **has approximately 29 thousand employees.**

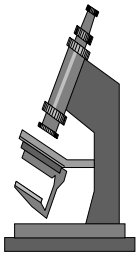
- **has a budget which has grown from about $300 in 1887 to $15.6 billion in 1999.**

- **invests more than 81 percent of the tax dollars entrusted to it through grants and contracts supporting research and training in more than 1,700 research institutions throughout the U.S. and abroad. These grants and contracts com prise the NIH Extramural Research Program.**

- **invests approximately 11 percent of its budget to Intramural Research Programs, more than 2,000 projects conducted mainly in its own laboratories.**

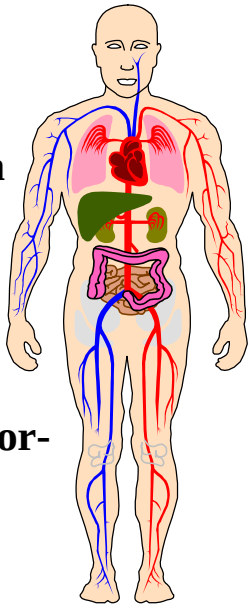
- **allocates 8 percent of the budget for both intra mural and extramural research support costs.**

The NIH Investment in Biomedical Research



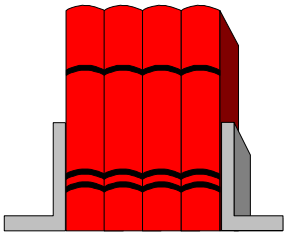
The NIH scientists conduct their research in laboratories located on the NIH campus in Bethesda and in several field units across the country and abroad. Some of the NIH facilities are:

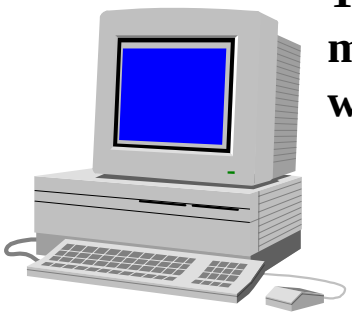
- **Warren Grant Magnuson Clinical Center 14 story, 350 bed facility and houses a Visitor Center**
- **The Children's Inn - home away from home for chronically ill children and their families during study and treatment**
- **Ambulatory Care Research Facility space for laboratories and outpatient programs**
- **Fogarty International Center - serves as focus for international biomedical research activities at the NIH**



- **Mary Woodard Lasker Center for Health Research and Education - research program for medical students**
- **Lister Hill Center - houses the National Centers for Biomedical Communication and Biotechnology Information**

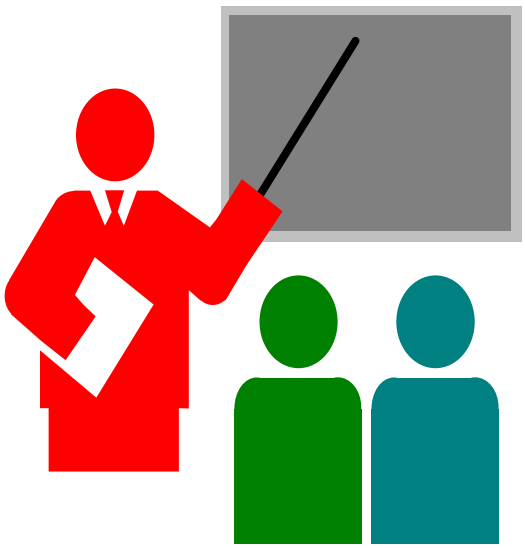
The National Library of Medicine is the world's largest medical library containing more than five million medical books, journals, pamphlets, rare manuscripts, films and other items.





The library operates MEDLINE, a computerized monthly listing of articles appearing in the world's leading medical journals.

The library has pioneered the introduction of medical bibliographic data bases.



The library operates a visitor center and conducts tours of the facilities.

The NIH Acting Director

Dr. Ruth Kirschstein

Upon the resignation of Dr. Varmus, Dr. Kirschstein was name acting NIH director on January 1, 2000. Dr. Kirschstein served as the NIH deputy director between November 1993 and December 31, 1999. She also served as the acting director between July 1993 and November 22, 1993. Prior to that, she was the director of NIGMS, beginning that appointment on September 1, 1974.

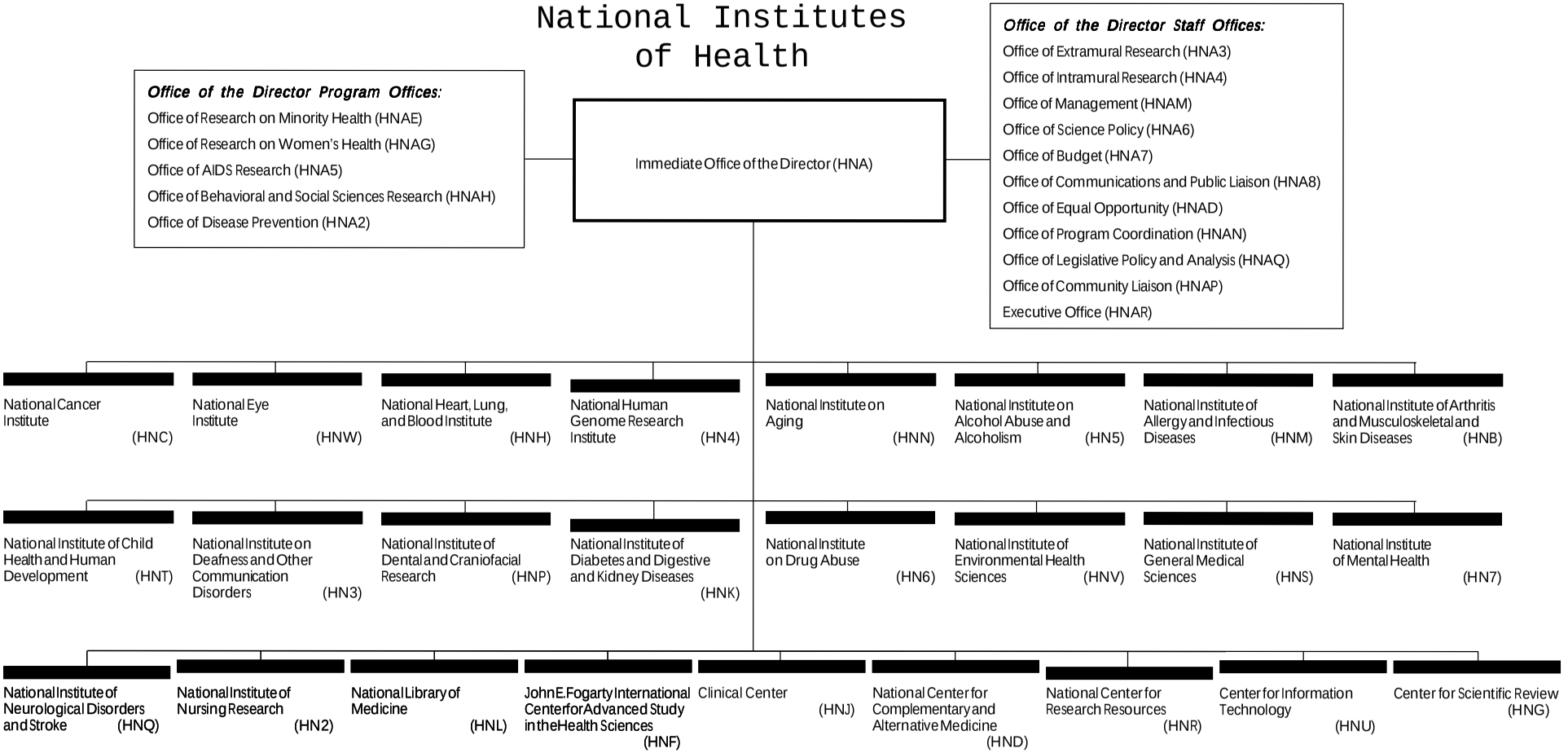
A native of Brooklyn, N.Y., she received her B.A. degree in1947 from Long Island University and her M.D. in 1951 from Tulane University School of Medicine. She interned in medicineand surgery at Kings County Hospital, Brooklyn, and did residencies in pathology at Providence Hospital, Detroit; Tulane University School of Medicine; and the Clinical Center, NIH.

From 1957 to 1972, Dr. Kirschstein performed research in expermental pathology at the Division of Biologics Standards (now the Center for Biologics Evaluation and Research, FDA). During that time, she helped develop and refine tests to assure the safety of viral vaccines for such diseases as polio, measles, and rubella. Her work on polio led to selection of the Sabin vaccine for public use. For her role, she received the DHEW Superior Service Award in 1971.

In 1972 she became assistant director of the Division of Biologics Standards. That same year, when the division was transferred to the FDA as a bureau, she was appointed deputy director. She subsequently served as deputy associate commissioner for scienc, FDA, before being named NIGMS director. From September 1990 to September 1991, she was also acting associate director of the NIH for research on women's health.

Dr. Kirschstein has twice taken part in the World Health Organization deliberations in Geneva, Switzerland, in 1965 as a member of the WHO Expert Group on International Requirements for Biological Substances, and in 1967 as a consultant on problems related to the use of live poliovirus oral vaccine.

She has received many honors and awards, including the PHS Superior Service Award, 1978; the Presidential Meritorious Executive Rank Award, 1980; election to the Institute of Medicine, 1982; the PHS Equal Opportunity Achievement Award, 1983; a doctor of science, honoris causa, degree from Mt. Sinai School of Medicine, 1984; the PHS Special Recognition Award, 1985; the Presidential Distinguished Executive Rank Award, 1985; the Distinguished Executive Service Award of the Senior Executive Association, 1985; an honorary doctor of laws degree Atlanta University, 1985; an honorary doctor of science degree from the Medical College of Ohio, 1986; the Harvey Wiley FDA Commissioner's Special Citation, 1987; selectionby the Office of Personnel Management as 1 of 10 outstanding executives and organizations for its first group of "Profiles in Excellence," 1989; the Dr. Nathan Davis Award from the AMA, 1990; an honorary doctor of humane letters from the Long Island University in1991; election as a fellow of the American Academy of Arts and Sciences, 1992; and the Public Service Award from the Federationof American Societies for Experimental Biology in 1993.



The Mission of the National Institutes of Health is science in pursuit of knowledge to improve human health.

This means pursuing science to expand fundamental knowledge about the nature and behavior of living systems; to apply that knowledge to extend the health of human lives; and to reduce the burdens resulting from disease and disability.

The National Institutes of Health seeks to accomplish its mission by:

- Fostering fundamental discoveries, innovative research, and their applications in order to advance the Nation's capacity to protect and improve health;
- Developing, maintaining, and renewing the human and physical resources that are vital to ensure the Nation's capability to prevent disease, improve health, and enhance quality of life;
- Expanding the knowledge base in biomedical, behavioral, and associated sciences order to enhance America's economic well-being and ensure a continued high return on the public investment in research; and
- Exemplifying and promoting the highest level of scientific integrity, public accountability, and social responsibility in the conduct of science.

INSTITUTES AND CENTERS

The following summarizes the missions of the twenty-five (25) NIH Institutes and Centers (ICs):

National Cancer Institute

The National Cancer Institute's (NCI) overall mission is to conduct and support research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer and the continuing care of cancer patients and the families of cancer patients.

The National Cancer Program consists of 1) an expanded, intensified, and coordinated cancer research program encompassing the research programs conducted and supported by the institute, and the related research programs of the other national research institutes, including an expanded and intensified research program for the prevention of cancer caused by occupational or environmental exposure to carcinogens, and 2) the other programs and activities of the institute.

The NCI also conducts control research for the prevention, detection, diagnosis, and treatment of cancer and for the rehabilitation and continuing care needs of patients respecting cancer. All cancer prevention and control activities focus on reducing cancer incidence, morbidity, and mortality through an orderly sequence of research on interventions and their impact in defined populations to the broad application of the research results through demonstration and education programs.

The NCI also supports:

- information and education programs to collect, identify, analyze and disseminate to cancer patients and their families, physicians and other health professionals, and the general public, information on cancer research, diagnosis, prevention and treatment (including nutrition programs for cancer patients and the relationship between nutrition and cancer);

- national cancer research and demonstration centers which conduct basic and clinical research into, training in, and demonstration of advanced diagnostic prevention and treatment methods.

Other mission activities include:

- collaboration with voluntary organizations and other institutions and societies engaged in cancer research and cancer education activities. Encouraging and coordinating cancer research by industrial concerns showing particular capability for such research;

- support of cancer research outside the United States to benefit the American people, and training of American scientists abroad and foreign scientists in the U.S.;

- of an International Cancer Research Data Bank to collect, catalog, store, and disseminate the results of cancer research undertaken in any country for the use of any person in cancer research worldwide;

- support for appropriate programs of education and training (including continuing education and laboratory and clinical research training). Authority to acquire, construct, improve, repair, operate, and maintain laboratories, other research facilities, equipment, and such other real or personal property as is determined necessary;

- authority to make grants for construction or renovation of facilities, in consultation with the advisory council for the institute.

National Eye Institute

The National Eye Institute (NEI) conducts, fosters, and supports basic and applied research, including clinical trials, related to the cause, natural history, prevention, diagnosis, and treatment of disorders of the eye and visual system, and in related fields (including visual impairment and its rehabilitation) through:

- research performed in its own laboratories and clinics;

- a program of research grants, individual and institutional research training awards, career development awards, core grants, and contracts to public and private research institutions and organizations;

- cooperation and collaboration with professional, commercial, voluntary, and philanthropic organizations concerned with vision research and training, disease prevention and health promotion, and the special health problems of the visually impaired and disabled and blind;

- collection and dissemination of information on ongoing research and findings in these areas;

- cooperation and collaboration with domestic and international organizations in worldwide prevention of blindness programs and projects.

National Heart, Lung, and Blood Institute

The National Heart, Lung, and Blood Institute (NHLBI) provides leadership for a national program in diseases of the heart, blood vessels, lungs, and blood; sleep disorders; and blood resources management.

The institute, among other activities:

- plans, conducts, fosters, and supports an integrated and coordinated program of basic research, clinical investigations and trials, observational studies, demonstration and education projects related to the causes, prevention, diagnosis, and treatment of heart, blood vessel, lung, blood diseases, and sleep disorders conducted in its own laboratories and by scientific institutions and individuals supported by research grants and contracts;

- plans and directs research in development, trial, and evaluation of interventions and devices related to prevention, treatment, and rehabilitation of patients suffering from such diseases and disorders;

- conducts research on clinical use of blood and all aspects of the management of blood resources;

- supports research training and career development of new and established researchers in fundamental sciences and clinical disciplines to enable them to conduct basic and clinical research related to heart, blood vessel, lung, and blood diseases; sleep disorders; and blood resources through individual and institutional research training awards and career development awards;

- coordinates with other research institutes and all Federal health programs relevant activities in the above areas, including the related causes of stroke;

- conducts educational activities, including development and dissemination of materials for health professionals and the public in the above areas, with emphasis on prevention;

- maintains continuing relationships with institutions and professional associations, and with international, national, state, and local officials as well as voluntary agencies and organizations working in the above areas.

National Human Genome Research Institute

The National Center for Human Genome Research (NCHGR) was established in 1989 to head the NIH's role in the Human Genome Project. Department of Health and Human Services Secretary Donna E. Shalala signed documents January 14, 1997, giving the National Center for Human Genome Research (NCHGR) a new name and new status among the other research institutes at the NIH. The new name, the National Human Genome Research Institute (NHGRI), more accurately reflects the growth and accomplishments of the former NCGHR, which was established seven years ago to carry out the NIH role in the Human Genome Project.

The Division of Intramural Research within the NCGHR provided an intellectual and technological focus for human molecular genetics research at the NIH and lead the research community in applying genome approaches to understanding human genetic disease and developing new therapies. The NCHGR also played a prominent role in stimulating policy development on the ethical, legal, and social implications of human genetics research.

With its successful leadership of the Human Genome Project, its dynamic intramural laboratories and active policy programs, NCHGR grew in function, responsibility, and structure to resemble formally designated NIH Institutes. As an Institute, NHGRI can more appropriately interact with other Federal agencies, and develop collaborations with industry, academia, and international organizations in the field of genome research and medical genetics. Institute status gives the NHGRI Director equal standing with other institute directors at the NIH and facilitates collaboration with other institutes. In addition, the new Institute will operate under the same legislative authorities as other NIH research institutes.

National Institute of Allergy and Infectious Diseases

The National Institute of Allergy and Infectious Diseases (NIAID) conducts and supports research to study the causes of allergic, immunologic, and infectious diseases, and to develop better means of preventing, diagnosing, and treating these illnesses.

Encompassed in the institute mission are studies on the following:

- the immune system, its genetic control, maturation, characteristics, and manipulation;
- disorders and derangements of the immune system including asthma and other allergies, immune deficiency states, and autoimmunity;
- the role of the immune system in the pathogenesis of chronic diseases such as arthritis, chronic glomerulonephritis, and lupus erythematosus;

- the etiology, epidemiology, and pathogenesis of all types of infections (including those caused by viruses, mycoplasma, bacteria, fungi, and parasites) involving a variety of organ systems;

- the diagnosis, treatment, and prevention of all types of infections including research on antimicrobial, antifungal and antiviral therapy and vaccines.

National Institute of Arthritis and Musculoskeletal and Skin Diseases

The National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) was established in 1986. It conducts and supports basic, clinical, and epidemiological research and research training, and disseminates information on many of the most debilitating diseases affecting the Nation's health. Many of these diseases are chronic. They afflict millions of Americans causing tremendous human suffering and costing the U.S. billions of dollars in health care and lost productivity. These diseases include the many forms of arthritis and numerous diseases of the musculoskeletal system and of the skin.

The institute also conducts and supports basic research on the normal structure and function of joints, muscles, bones, and skin. Basic research involves a wide variety of scientific disciplines, including immunology, genetics, molecular biology, structural biology, biochemistry, physiology, virology, and pharmacology. Clinical research addresses rheumatology, orthopedics, dermatology, metabolic bone diseases, heritable disorders of bone and cartilage, inherited and inflammatory muscle diseases, and sports medicine.

National Institute of Child Health and Human Development

The National Institute of Child Health and Human Development (NICHD) seeks to assure that every individual is born healthy, is born wanted, and has the opportunity to fulfill his or her potential for a healthy and productive life unhampered by disease or disability. In pursuit of this mission, the NICHD conducts and supports laboratory, clinical, and epidemiological research on the reproductive, neurobiologic, developmental, and behavioral processes that determine and maintain the health of children, adults, families, and populations. The institute administers a multidisciplinary program of research, research training, and public information, nationally and within its own facilities, on reproductive biology and population issues on embryonic development as well as maternal, child and family health and on medical rehabilitation.

The NICHD programs are based on the concepts that adult health and well-being are determined in large part by episodes early in life, that human development is continuous throughout life, and that the reproductive processes and the management of fertility are of major concern, not only to the individual, but to society. The institute holds the tenet that when disease, injury, or a chronic disorder intervenes in the developmental process, it is incumbent to restore or maximize individual potential and functional capacity.

National Institute of Dental and Craniofacial Research

The mission of the National Institute of Dental and Craniofacial Research (NIDCR) is to improve and promote craniofacial, oral, and dental health through research. Congress created the Institute in 1948, after learning that almost 10 percent of military-age men were ineligible for the draft in World War II because of tooth loss.

After 50 years as the National Institute of Dental Research, the Institute underwent a name change in October 1998. Though the change focuses on a single word—craniofacial—it is a word of great impact. Craniofacial refers to the head, face, and neck, and NIDCR research in this area covers the developmental processes that form the human face and the plethora of diseases and disorders that involve dental, oral, and craniofacial tissues and structures.

Today, NIDR's research portfolio is built around six priority areas: inherited diseases and disorders; infectious diseases; neoplastic diseases; chronic disabling diseases; behavior, health promotion, and environment; and bioimimetics, tissue engineering, and biomaterials. The Institute is organized into two research divisions: the Division of Extramural Research, which provides grant and contract support to the scientific community for research and research training, and the Division of Intramural Research, which conducts investigations in NIDCR's laboratories and clinics on the NIH campus in Bethesda, MD.

In addition to its research divisions, the NIDCR organization includes, within the Office of the Director, a communications and health education office, a science policy and analysis office, an international health office, and an administrative management office.

In 1997, the NIDCR developed a strategic plan that addresses three broad initiatives: (1) identification and pursuit of scientific opportunities in the six priority areas of the Institute's research portfolio, (2) enhancement and development of the resources—human, physical, and technological—needed to realize research opportunities, and (3) health promotion.

The NIDCR collaborates with many partners—government, health professional organizations, industry, health voluntary associations, and the global scientific community in developing and implementing its research programs.

National Institute of Diabetes and Digestive and Kidney Diseases

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) conducts and supports research on many of the most serious diseases affecting the public health. The institute supports much of the clinical research on the diseases of internal medicine and related subspecialty fields as well as many basic science disciplines.

The institute's Division of Intramural Research encompasses the broad spectrum of metabolic diseases such as diabetes, inborn errors of metabolism, endocrine disorders, mineral metabolism, digestive diseases, nutrition, urology and renal disease, and hematology. Basic research studies include biochemistry nutrition pathology histochemistry chemistry physical, chemical, and molecular biology pharmacology and toxicology.
The NIDDK extramural research is organized into four divisions: Diabetes, Endocrinology and Metabolic Diseases; Digestive Diseases and Nutrition; Kidney, Urologic and Hematologic Diseases; and Extramural Activities.

The institute supports basic and clinical research through investigator-initiated grants, program project and center grants, and career development and training awards. The institute also supports research and development projects and large-scale clinical trials through contracts.

National Institute of Environmental Health Sciences

The National Institute of Environmental Health Sciences (NIEHS), located in Research Triangle Park, North Carolina, mission is to reduce the burden of human illness and dysfunction from environmental exposures by understanding each element and how they interrelate. The NIEHS achieves its mission through multidisciplinary biomedical research programs, prevention and intervention efforts, and communication strategies that encompasses training, education, technology transfer, and community outreach.

The institute has initiated clinical programs that bring the results from the laboratory more quickly to the bedside, and has strengthened its programs in prevention to address the problems associated with environmental equity. The NIEHS supports training in environmental toxicology, pathology, mutagenesis, epidemiology and biostatistics, with emphasis on attracting women and minorities. The institute also funds basic and applied research on the health effects of human exposure to potentially toxic or harmful environmental agents.
In its research, the NIEHS attempts to learn:

- the identification and characterization of potentially harmful environmental agents, particularly toxic chemicals;
- how the substances affect human health, by studying their impact on a variety of biological systems;
- what happens in these systems after exposure to hazardous agents;
- what diseases are caused or aggravated by environmental factors;
- the extent of exposure of various population groups, especially sensitive populations, to these agents and;

- what effects these agents cause, by themselves and in combination with other environmental factors.

In rounding out these activities, the NIEHS supports efforts to identify hazardous environmental agents before they are released into the environment. These include developing, testing, and validating biological assay systems to ascertain animal toxicity and to predict toxic effects which might occur in humans.

Program output is intended to aid those agencies and organizations, public and private, responsible for developing and instituting regulations, policies, and procedures to prevent and reduce the incidence of environmentally induced diseases.

National Institute of General Medical Sciences

The National Institute of General Medical Sciences (NIGMS) primarily supports basic biomedical research that is not targeted to specific diseases or disorders. Because scientific breakthroughs often originate from such untargeted studies, NIGMS-funded work has contributed substantially to the tremendous progress that biomedical research has made in recent years. The institute's training programs help provide the most critical element of good research:
well-prepared scientists.

Each year, NIGMS-supported scientists make major advances in understanding fundamental life processes. In the course of answering basic research questions, these investigators also increase our knowledge about the mechanisms involved in certain diseases. Other grantees develop important new tools and techniques, many of which have applications in the biotechnology industry. In recognition of the significance of their work, a number of the NIGMS grantees have received the Nobel Prize and other high scientific honors.

NIGMS has three divisions that support research and research training in basic biomedical science fields. Cell Biology and Biophysics; Genetics and Developmental Biology; and Pharmacology, Physiology, and Biological Chemistry. The institute also has a Division of Minority Opportunities in Research, which administers a number of programs that are designed to increase the number of minority biomedical scientists. Finally, NIGMS has a Division of Extramural Activities, which handles the grant-related functions of the Institute.

NIGMS was established in 1962. In fiscal year 1998, its budget was $1.066 million. The vast majority of this money funds grants to scientists at universities, medical schools, hospitals, and research institutions throughout the country. At any given time, NIGMS supports over 3,500 research grants—about 14 percent of the grants funded by the NIH as a whole. NIGMS also supports nearly half of the predoctoral trainees and about 30 percent of all the trainees who receive assistance from the NIH.

The institute places great emphasis on the support of individual, investigator-initiated research grants. It funds a limited number of research center grants in selected fields, such as trauma and

burn research and the pharmacological sciences (including anesthesiology), in which the interaction of basic and clinical researchers is critical for rapid scientific progress. In addition, NIGMS funds several research contracts that provide important resources for basic scientists.

National Institute of Mental Health

The National Institute of Mental Health (NIMH) conducts and supports research nationwide on mental illness and mental health, including studies of the brain, behavior, and mental health services. NIMH is dedicated to improving the mental health of the American people; fostering better understanding of effective diagnosis, treatment, and rehabilitation of mental and brain disorders; and supporting research on interventions to prevent mental illness or to reduce the frequency of recurrent episodes of mental illnesses and their disabling consequences. NIMH researchers have advanced understanding of the brain and have vastly expanded the capability of mental health professionals to care for people who suffer from mental disorders.

The institute, among other activities:

- Provides grants and contracts to public and private institutions and individuals to support basic research in a number of scientific areas related to the brain, behavior, and mental illness
- Provides grants and contracts to support clinical trials and other clinical investigations related to mental disorders and their prevention, diagnosis, and treatment
- Supports research training
- Conducts information and educational programs for health care professionals and the lay public and maintains relationships with professional associations and voluntary agencies and organizations working in the areas of mental health and mental illness.

National Institute of Neurological Disorders and Stroke

The National Institute of Neurological Disorders and Stroke (NINDS) conducts, fosters, coordinates, and guides research on the causes, prevention, diagnosis, and treatment of a wide range of neurological disorders, including stroke. The institute, through other activities:

- supports basic research in related scientific areas;
- provides grants-in-aid to public and private institutions and individuals in fields related to its areas of interest, including research project, program project, and research center grants;
- operates a program of contracts for the funding of research and research support efforts in selected areas of institute need;

- provides individual and institutional fellowships to increase scientific expertise in neurological fields;

- conducts a diversified program of intramural and collaborative research in its own laboratories, branches, and clinics;

- collects and disseminates research and patient education information related to neurological disorders.

National Institute of Nursing Research

The National Institute of Nursing Research (NINR) supports research and research on the biological and behavioral aspects of critical health problems that confront the Nation. According to its mandate, the institute seeks to reduce the burden of illness and disability by understanding and easing the effects of acute and chronic illness, to improve health related quality of life by preventing or delaying the onset of disease or to improve clinical environments by testing interventions that influence patient health and reduce costs and demand for care.

Particular emphasis is placed on subsets of the population who have special health problems and needs such as older people, women and minorities, and residents of rural areas. Research seeks to discover how cultural and ethnic identity affect behavior and differences in risk patterns and to determine the influence of socioeconomic status, geographic location, and other factors on health-related attitudes, decisions, and behaviors.

The NINR's intramural investigations center on managing symptoms of chronic illness such as the nutritional changes, myopathy, and fatigue that occur during treatment for HIV disease. Other studies, which focus on quality of life as an outcome of chronic illness, are being conducted in caregivers of persons with Alzheimer's disease and in persons with AIDS.

The NINR fosters collaborations with many other disciplines in areas of mutual interest such as long-term care for at-risk older people, genetic testing and counseling, behavioral aspects of tuberculosis, the special needs of women with physical disabilities, and environmental influences on risk factors related to chronic illness.

The institute also supports comprehensive research training and career development programs to prepare individuals with requisite interdisciplinary skills to conduct nursing research.

National Institute on Aging

In 1974 Congress authorized the establishment of the National Institute on Aging (NIA). The NIA is responsible for "conduct and support of biomedical, social, and behavioral research, training, health information dissemination, and other programs with respect to the aging process

and diseases and other special problems and needs of the aged."
The NIA is the lead agency in Federal efforts on Alzheimer's disease, housing the Office of Alzheimer's Disease Research (OADR). The OADR promotes and encourages the advancement of Alzheimer's disease research programs supported by the NIA and the NIH, other Federal and state agencies, and private organizations.

The majority of the NIA intramural research program is conducted at the Gerontology Research Center in Baltimore, Maryland.

National Institute on Alcohol Abuse and Alcoholism

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) is responsible for research on the causes, consequences, treatment, and prevention of alcohol-related problems. The NIAAA conducts and supports biomedical and behavioral research into the effects of alcohol on the human mind and body, prevention and treatment of alcohol abuse and alcoholism, and epidemiology of alcoholism and alcohol-related problems. In carrying out these responsibilities, the institute:

- conducts and supports basic and biobehavioral research aimed at determining the causes of alcoholism, discovering how alcohol damages the organs of the body, and developing prevention and treatment strategies for application in the Nation's health care system;

- serves as a national resource for the collection, analysis, and dissemination of scientific findings;

- supports training and development of scientists for participation in alcohol research programs and activities;

- conducts policy studies that have broad implications for alcohol problem prevention, treatment, and rehabilitation activities; and

- conducts epidemiological studies as well as national and community surveys to assess the risks for and magnitude of alcohol-related problems among various population groups.

National Institute on Deafness and Other Communication Disorders

The National Institutes on Deafness and Other Communication Disorders (NIDCD) conducts and supports research and research training on the normal and disordered of hearing, balance, smell, taste, voice, speech, and language through:

- research performed in its own laboratories and clinics;

- a program of research grants, individual and institutional research training awards, career development awards, center grants, and contracts to public and private research institutions and organizations;

- training that is related to deafness and other communication disorders, disease prevention and health promotion, and the special biomedical and behavioral problems associated with people having communication impairments or disorders;

- the support of efforts to create devices which substitute for lost and impaired sensory and communication functions;

- ongoing collection and dissemination of health information to health professionals, patients, industry, and the public on research findings in these areas.

National Institute on Drug Abuse

The National Institute on Drug Abuse (NIDA) provides national leadership for research on drug abuse and addiction. Through its extramural research program and its intramural research program (IRP), NIDA supports studies on the biological, social, behavioral and neuroscientific basis of drug abuse as well as its causes, prevention, and treatment. In addition, NIDA supports research training, career development, public education and research dissemination in these areas. Through grants and contracts to investigators at research institutions worldwide, NIDA supports research and research training on:

- the neurobiological, behavioral, and social mechanisms underlying drug abuse and addiction;

- specific biomedical and behavioral effects of drugs of abuse, including marijuana, heroin, nicotine, methamphetamine, and cocaine, on the body and brain;

- effective prevention and treatment approaches, including a broad research program designed to develop new treatment medications and behavioral therapies for drug addiction;

- the causes and consequences of drug abuse and addiction, including impact on society and morbidity and mortality in selected populations, e.g., ethnic minorities, youth, women;

- investigation of the relationship of drug use to other problem behaviors, e.g., psychopathology, unemployment, violence;

- biomedical, behavioral, social, and environmental factors associated with vulnerability/ invulnerability to drug abuse and addiction;

- the role of drug abuse as a factor contributing to the spread of HIV/AIDS, tuberculosis, and other diseases and the development of effective prevention/intervention strategies;

- research on the mechanisms of pain and the search for a nonaddictive analgesic; and

The intramural research program conducts interdisciplinary research on the causes, hazards, treatment, and prevention of drug abuse and addiction, the behavioral mechanisms underlying the addictive process, and the addictive liability of new drugs. The IRP uses the latest technologies, such as positron emission tomography to study the action of drugs in the human brain and transgenic techniques in which genetically altered mice are created to examine the role genes play in vulnerability to drug abuse. The IRP also serves as an international training center for researchers in the drug abuse field.

Center for Scientific Review

The Center for Scientific Review (CSR) provides staff support to the Office of Extramural Research in the formulation of grant and award policies and procedures.

The CSR provides for scientific review of NIH grant applications and advisory and consultative services relating to grant policy and management.

The CSR collects, stores, retrieves, analyzes, and evaluates management and program data needed in the administration of extramural programs.

The CSR disseminates information on extramural programs to the Congress, scientists, and general public.

Warren Grant Magnuson Clinical Center

The Warren Grant Magnuson Clinical Center (CC) provides hospital services to patients who participate in clinical research conducted at NIH. The CC strives to be a model for clinical research by assuring quality patient care, delivering excellent support services, and recruiting and maintaining expert staff.

Authorized by Congress to provide patient care necessary to conduct biomedical research, the CC was specially designed to place patient care facilities close to research laboratories to promote the quick transfer of new findings of scientists to the treatment of patients. Institutes admit to their units and clinics only those patients (upon referral by personal physicians) who have the precise kind or stage of illness under investigation by scientist-clinicians.

The CC departments are responsible for the hospital services, except for direct physician care, and conduct research in their own specialties.

In addition to biomedical research and patient care, the CC offers opportunities for advanced training to physicians, medical and nursing students, and members of the paramedical professions. This training includes a core curriculum in clinical research, a graduate and postgraduate program, a clinical electives program, and many lecture series. Monthly clinical staff conferences present the results of the cooperative biomedical research carried out at the CC by the scientists and clinicians of the institutes and the CC departments.

John E. Fogarty International Center for Advanced Study in the Health Sciences

- The John E. Fogarty International Center for Advanced Study in the Health Sciences:
- supports international research and research training activities in targeted areas of emphasis;
- supports international scientific collaboration through international fellowships and scholarships, small grants, scientist exchanges, and international conferences;
- identifies significant international research issues/opportunities and facilitates IC interest and involvement;
- provides administrative services for recruitment of foreign scientists into the intramural research laboratories of the NIH;
- coordinates the activities of the NIH concerned with the health sciences internationally; and
- receives foreign visitors to the NIH.

Center for Information Technology

The Center for Information Technology (CIT) incorporates the power of modern computers into biomedical programs and administrative procedures of the NIH by focusing on three primary activities: conducting computational biosciences research, developing computer systems and providing computer facilities. In fulfilling these responsibilities, the division:

- promotes the application of high performance computing and communication to biomedical problems, including image processing, structural biology, protein folding, database searching, gene linkage analysis, and computational chemistry, using the most advanced, massively parallel scalable computing;

- applies computing technology to research problems involving macromolecule structure representation and modeling, and protein and DNA sequence analysis;

- develops and provides computer networking facilities, and supports, guides, and assists other NIH components in local area networking;

- provides professional programming services and computational and data processing facilities to meet NIH program needs;

- conducts research in biomathematical theory and biophysical instrumentation to explain biological phenomena in terms of biochemistry and biophysics;

- operates and maintains the NIH Computer Center and all centrally owned, shared-use computing resources; designs and develops software; and provides extensive personal support, training, and documentation for computer and network users;

- develops computer-based systems for laboratory and clinical applications, and conducts computer science and engineering research and development;

- consults and collaborates in computational, statistical, and mathematical aspects of data analysis; supports software systems to perform these analyses; and conducts independent research in statistics and mathematics with applications to biomedicine;

- provides guidance and support to scientists and administrators throughout NIH in the effective use of personal computers, workstations, local area networks and associated automation technology;

- serves as the central systems analysis, design and programming resource for data processing and database projects relating to scientific, technical, management, and administrative data;

- serves as a scientific and technological resource for other parts of the PHS; and

- applies mathematics, statistics, and computer sciences to biomedical problems such as signal processing, image processing, modeling physiological systems, and data analysis problems in laboratory experiments.

National Library of Medicine

The National Library of Medicine (NLM), one of three national libraries, is the world's largest research library in a single scientific and professional field.

The Library has a statutory mandate from Congress to apply its resources broadly to the advancement of medical and health-related sciences. It collects, organizes, and makes available biomedical information to investigators, educators, and practitioners, and carries out programs designed to strengthen existing and develop new medical library services in the U.S. It is the central resource for the existing national biomedical information system.

MAJOR PROGRAMS

Medlars

The Library's computer-based MEDLARS was established in January 1964 to achieve rapid bibliographic access to the NLM's vast store of biomedical information. The principal objective of MEDLARS is to provide references to the biomedical literature for researchers, clinicians, and other health professionals. This is accomplished through:

1) preparation of citations for publication in Index Medicus, a comprehensive, subject-author index to articles from approximately 3,000 of the world's biomedical journals, and the NLM Current Catalog, a bibliographic listing of citations to publications cataloged by the Library;

2) compilation of other recurring bibliographies on specialized subjects of wide interest; and

3) provision of online search services through MEDLINE, TOXLINE, and other databases.

Agreements with foreign institutions provide MEDLARS services to an international community of health scientists.

Online Databases

In 1971 the NLM initiated its MEDLINE service to provide an online bibliographic searching capability through terminals in libraries at medical schools, hospitals, and research institutions throughout the country. By typing simple instructions on a terminal or personal computer connected by communications networks to the central computer, a physician or other health professional can retrieve almost instantaneously references to the most current indexed journal articles in this area of interest. In addition to MEDLINE, other online databases deal with toxicology information, cataloging information, audiovisual materials, history of medicine, cancer literature, hospital and health care literature, medical ethics, and reproductive biology.

Almost 150,000 institutions and individuals in the U.S. now have access to these databases.

Regional Medical Library Services

To provide more efficient dissemination of biomedical information, the NLM has been developing a network arrangement through which MEDLARS and interlibrary loan services can be shared efficiently by medical libraries. The network consists of eight Regional Medical Libraries. Although the NLM remains the heart of the network, more and more services are being provided directly by regional libraries.

Lister Hill National Center for Biomedical Communications

The center explores the use of computer, communication, and audiovisual technologies to improve the organization, dissemination, and utilization of biomedical information, and is the focus of the Library's high performance computing and communications initiatives.

Toxicology Information Program

The general objectives of the program are to create computer-based toxicology data banks from scientific literature and from files of collaborating industrial, academic, and governmental agencies, and to establish toxicology information services for scientists.

National Center for Biotechnology Information

The NCBI, created in 1988, builds databases and information analysis/retrieval systems for genomic information and does research into advanced information-handling methods for biotechnology and related information.

National Information Center on Health Services Research and Health Care Technology

The goal of this program is to create information services that make the results of health services research readily available—including clinical guidelines, technology assessments, and health care technology.

Extramural Programs

The extramural grant and contract programs of the NLM were originally authorized by the Medical Library Assistance Act of 1965 (P.L. 89-291) to provide better health information services through grant support to the Nation's medical libraries. The act, since extended by Congress, offers assistance for library resources, research in biomedical communications, biomedical publications, training for research careers in medical informatics, and Regional Medical Libraries. Research project grants in medical informatics are awarded under authority of title III, part A, sec. 301, of the PHS act.

National Center for Research Resources

The National Center for Research Resources (NCRR) conceives and develops a broad array of critical research technologies and resources and ensures their availability, thereby strengthening and enhancing biomedical research supported or performed by the NIH.
The center, established on February 15, 1990, merged the Division of Research Resources—which provided extramural research resources to NIH-supported institutions, and the Division of Research Services—which provided resources to NIH intramural research programs.

Research resources and technologies provided by the NCRR include General Clinical Research Centers—hospital inpatient and outpatient facilities staffed by specially trained medical personnel that host multicategorical clinical research studies; biomedical research technology resources—state-of-the-art computers, laboratories, and complex instrument systems that provide scientists with the latest tools from the physical sciences, mathematics, and engineering; animal resources--facilities such as the seven Regional Primate Research Centers and other valuable animal colonies at which laboratory models of human disease are developed and studied; and nonmammalian research models such as cell systems, lower organisms, and other biological materials critical to research on human diseases.

The NCRR programs also provide funds for pilot research projects and unanticipated research opportunities, science education for minority students and teachers, and for enhancing the research capabilities of minority institutions that award doctorates in the health professions or health-related sciences. The NCRR also offers the ICs scientific library and translation services, and medical arts and photography.

National Center for Complementary and Alternative Medicine

The National Center for Complementary and Alternative Medicine (NCCAM) conducts and supports basic and applied research and training and disseminates information on complementary and alternative medicine to practitioners and the public. The NCCAM was initiated through Congressional mandate under the 1992 NIH Appropriations Bill. The NCCAM is organized under the Associate Director of Disease Prevention within the Office of the Director (OD). The Congressional mandate establishing the NCCAM stated that the Center's purpose is to "facilitate the evaluation of alternative medical treatment modalities" to determine their effectiveness. The mandate also provides for a public information clearinghouse and a research training program. The NCCAM does not serve as a referral agency for various alternative medical treatments or individual practitioners. The NCCAM facilitates and conducts research. The NCCAM Clearinghouse is located in Silver Spring, Maryland.

NCCAM Program Areas (Grant)

The NCCAM has six functional areas. The following paragraphs describe the activities within those areas.

complementary and alternative medicine that are received and reviewed through the NIH peer review process.

Research Database and Evaluation

The Research Database Program provides an infrastructure for identifying and organizing the scientific literature on complementary and alternative medical practices.

NCCAM Clearinghouse and Media Relations

The NCCAM Clearinghouse disseminates information to the public, media, and health care professionals to promote awareness and education about complementary and alternative medicine research.

International and Professional Liaison

The International and Professional Liaison Program supports and facilitates cooperative efforts in research and education in complementary and alternative medicine approaches worldwide, and with professional organizations across the United States.

Research Development and Investigation

The Research Development and Investigation Program screens, prioritizes, and provides technical support to the most promising domestic and international research opportunities in complementary and alternative medicine.

Intramural Research Training

The Intramural Research Training Program provides a foundation for scientists to conduct basic and clinical research in complementary and alternative medicine at the NIH.

Other NCCAM Activities

A major function of the NCCAM is to facilitate the evaluation of various alternative treatment modalities through Institutes and Centers within the NIH.

This cooperation is based on well-established expertise and encourages collaboration on projects of mutual interest. The NCCAM has established a network of coordinator in the NIH Institutes and Centers to assist in problems related to the evaluation of alternative medicine practices. Government agencies with which the NCCAM works include:

- Health Care Financing Administration Agency
- Centers for Disease Control and Prevention

Field Units

Gerontology Research Center, NIA
Baltimore, Maryland

The Gerontology Research Center (GRC), initially part of the National Heart Institute, was transferred to the National Institute of Child Health and Human Development in December 1965 and to the new National Institute on Aging in July 1975. It is the setting for the bulk of the NIA intramural research programs. The institute's Laboratory of Neuroscience operates basic research and clinical programs out of the NIH Clinical Center on the main campus in Bethesda.

With the transfer of this center, all major aging and research training activities of the NIH were consolidated in the NIA.

Located on the grounds of the Francis Scott Key Medical Center, at Johns Hopkins Medical Institution, GRC's laboratories emphasize investigation of the basic biological mechanisms of aging description and interpretation of age changes in the various organ systems of human beings and characterization and explanation of overall changes in performance and behavior which accompany the aging process. Its programs encompass a longitudinal study of some

1,100 healthy men and women, ranging in age from the twenties to the nineties. These volunteers come to Baltimore every 2 years for 2 ½ days of testing to measure individual age changes.

A multimillion-dollar Gerontology Research Center building was completed and opened in June 1968. The facilities and resources available at this center are the most comprehensive in the country committed to research in aging. The center serves as a regional and national focal point for research in aging, and training in gerontology and geriatrics.

Rocky Mountain Laboratories, NIAID
Hamilton, Montana

The earliest studies of rocky Mountain spotted fever were begun at this laboratory in 1902. It was formally established as a PHS field station in 1921. Although the Rocky Mountain Laboratory remains a center for the study of medically important tick-borne diseases and diseases transmissible from animals to man, a recent reorganization has diversified the laboratory focusing research on the basic cellular level.
In March 1979 three new laboratories were established at the RML facility: the Laboratory of Microbial Structure and Function, the Laboratory of Persistent Viral Diseases, and the Laboratory of Pathobiology. In 1990 the latter was renamed the Laboratory of Vectors and Pathogens, and a new Laboratory of Intracellular Parasites was established. Scientists in these laboratories conduct studies on the natural history and epidemiology of sexually transmitted bacterial

diseases, slow virus diseases, rickettsial diseases such as Rocky Mountain spotted fever and Lyme disease. RML investigators are also carrying out research at the molecular level on the problems of host-microbe relationships, as well as developing new diagnostic techniques and vaccines for a variety of infectious diseases.

NIH Animal Center, NCRR
Poolesville, Maryland

The Veterinary Resources Program operates a specialized laboratory animal center situated on 513 acres of farmland located 8 miles southwest of Poolesville, Maryland, near the Potomac River.

NIH Lectures

The NIH Lecture series was established to facilitate interchange of information and to give appropriate recognition for outstanding scientific accomplishment. Since January 1953, the various institutes and the Office of the Director have sponsored lectures. The series has been planned to recur each year, with the lectures published and distributed to scientific libraries, universities, medical schools, and other appropriate depositories. Lectures are open to the scientific staff at the NIH and at other medical, teaching, and research institutions. As part of the NIH Lecture series, an annual G. Burroughs Mider Lectureship Award was established in 1968 in honor of the first the NIH director of laboratories and clinics, to be presented by a member of the NIH intramural staff in "recognition and appreciation of outstanding contributions to biomedical research."

ACQUISITION PROGRAM

The NIH accomplishes its mission by supporting and conducting both basic and applied biomedical and behavioral research extramurally and in its own facilities. In addition, the agency supports or acquires scientific investigations and developmental efforts performed by other organizations through acquisition (contracts) and assistance (grants and cooperative agreements) relationships.

In support of its research mission, the NIH acquires general supplies and services, construction, and Information Technology resources. These non-Research and Development (R&D) acquisitions are called Station Support.

Distinctions Between Contracts as Acquisition Instruments, and Grants and Cooperative Agreements as Assistance

There are fundamental distinctions between acquisition and assistance arrangements. A contract is a legal instrument that is used to reflect a relationship between the Federal Government and the recipient whenever the principal purpose of the transaction is to acquire goods or services for the direct benefit or use of the Government. In competitive situations, the Government states the work to be undertaken or the problem to be solved in Request for Proposals (RFPs), or a sealed bid Invitation For Bids (IFBs). Respondents compete for a common requirement open to all eligible offerors/ bidders. Proposals are evaluated using technical and business evaluation criteria and generally involve negotiations. Bids are awarded to the bidder who is responsible and offers the lowest overall price.

Unsolicited proposals to perform original, unique, and innovative concepts are an exception to competitive solicitations initiated by the Government and are described on page 42.

Grants and cooperative agreements are financial assistance mechanisms whereby money and/or direct assistance is provided to carry out approved activities. A grant is used whenever the awarding office anticipates no substantial programmatic involvement with the recipient during performance of the financially assisted activities. A cooperative agreement would be used when substantial Federal programmatic involvement with the recipient is anticipated during performance.

NIH Contract-Awarding Organizations

The NIH comprises a number of separate Institutes and Centers (ICs) wherein the acquisition functions are carried out. The NIH product acquisitions range from basic office, medical, and Information Technology supplies and equipment to sophisticated state-of-the-art biomedical equipment and systems. The NIH service acquisitions range from construction to management consulting, to sophisticated complex biomedical R&D, such as clinical trials. This broad range of acquisition provides the necessary support for the NIH to carry out its mission. The responsibility for negotiating, awarding and administering these acquisitions lies with the various IC contracting staff and two central organizations, the Office of Contracts Management (OCM) for research contracts, and the Office of Procurement Management for station support contracts.

All acquisitions at the NIH are under the cognizance of the Principal Official Responsible for Acquisition (PORA), Director, Office of Contracts Management. Contract support to the ICs depend on the service capability of the contracting offices and sometimes its competition value. Appendix B lists the NIH contract offices.

The Role of the Contracting Officer

Each contract is negotiated and administered by an authorized NIH Contracting Officer or one of his or her designated representatives. An officially appointed contracting officer is the exclusive agent of the Government and is the only person empowered to execute or modify a contract on behalf of the NIH or any of its component ICs.

Contracting officers may act through their authorized representatives, generally referred to as contract specialists, in other matters that do not involve the actual execution of contract instruments. Contracting officers are assigned to the various NIH organizations listed in Appendix A.

The Role of the Contract Project Officer

A Government Project Officer experienced in the scientific and technical disciplines addressed in a particular program or project is generally appointed for each awarded contract. The project officer is responsible for monitoring the technical aspects of the project and assisting the contracting officer in the administration of the contract. The project officer has a primary relationship with the Contractor's Program Manager. The project officer monitors the contractor's technical progress and assists in the resolution of technical problems encountered during performance.

Regulations Governing Contracting

All NIH contracts are governed by the Federal Acquisition Regulation (FAR) and the Health and Human Services Acquisition Regulations (HHSAR). Copies of these regulations may be purchased from the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9371, or you may visit the following web site: http://arnet.gov/far.

The FAR contains regulations and prescribed contracting policies and procedures that must be followed by all agencies of the Government in the solicitation, selection, negotiation, award and administration of their contracts. The HHSAR was developed to implement and supplement the FAR, providing DHHS-wide policies, procedures and guidance that govern the acquisition process.

NIH Contracting Policies

Within the limits of statutes and regulations governing the contracting process in Federal Agencies, there is an opportunity for innovation to improve contracting procedures and relations between the contracting parties. Views from the community at large on ways and means of enhancing the quality and effectiveness of our contracting programs and procedures are welcomed and encouraged.

THE CONTRACTING PROCESS

Methods of Contracting

There are two basic methods of contracting utilized throughout the Government, sealed bidding and negotiation. The NIH requirements for R&D employ the negotiated method of contracting, while Station Support contracts utilize both contracting by negotiation and sealed bidding.

Negotiation is a procedure that includes the receipt of proposals from offerors, permits discussion, and usually affords offerors an opportunity to revise their offers before award of a contract. This method provides the contracting parties maximum flexibility to refine the contract work statement, and to establish and agree on anticipated costs of performance.

Sealed bidding procedures are used whenever the supplies or services required can be described in precise terms. An award is made to the responsible bidder whose bid, conforming to the IFB, will be most advantageous to the Government, considering only price and price-related factors included in the IFB.

Sealed bidding procedures are more appropriate for the acquisition of construction and standard commercial goods and services. Negotiation is a more suitable method to procure R&D and other services.

Flexibility of NIH Contracts

The terms and conditions of the NIH negotiated contracts are flexible enough to meet changed requirements as work progresses. The contract instrument itself provides the mechanisms for the contracting officer and the contractor to agree to changes in the work statement, expansion or reduction of work requirements within the general scope of the contract, and if the contract is one that is a cost-reimbursement type, adjustment of funding levels during the life of the contractual agreement.

Many of the NIH R&D contract programs are announced to the scientific community by stating the research requirements in rather general terms. By stating the requirement in a broad manner, the Government allows offerors to propose innovative solutions to the technical problems identified by the NIH.

Contract Performance Periods

The length of a contract will vary depending upon the requirement, from days or months for some supply-type Station Support contracts, to several years for complex research contracts.

For multi-year Station Support and service contracts, options are used. Here the amount for all potential years of a contract are negotiated prior to award, but only the first year is funded. All succeeding years are included in the contract as options that may be unilaterally exercised by the Government.

Competition for Contracts

The NIH solicits contract proposals and bids on a competitive basis to the maximum practicable extent. Depending upon the nature of the requirement, the NIH encourages competition among qualified educational institutions, nonprofit and commercial organizations, which include small, small disadvantaged and women-owned business firms.

Requests for Proposals and Bids

The RFPs/IFBs issued by the NIH contracting activities contain all information necessary for offerors or bidders to prepare contract proposals or bids and where required, follow the uniform contract format established by the FAR.

The solicitation provides: (1) the statement of required work; (2) desired performance or delivery schedule; (3) available Government-furnished property, if any; (4) applicable contract clauses to be included in the contract as awarded, and if appropriate; (5) criteria that will be used by the Government to evaluate the proposals that are submitted. An RFP also includes guidance to prospective offerors on how to prepare the technical and cost portions of their proposals.

The RFPs/IFBs always specify the required date for submission of offers or bids, permitting offerors sufficient time to prepare and submit responses. All proposals or bids must be mailed or delivered in a manner to ensure timely receipt by the Government at the exact location and on or before the deadline specified in the RFP/IFB. The NIH is not authorized to consider late proposals or late modifications to proposals, unless the proposal receipt was delayed due to one of the regulatory exemptions stated in FAR 14.304-1 and FAR 15.412, or all of the requisite conditions exist to use the alternate late proposal procedure authorized by PHSAR 352.215-10.

Negotiated Statements of Work presented in the NIH contract solicitations are usually flexible enough to give offerors reasonable discretion to provide their own approaches to the contract objectives, but specific enough to ensure that offerors are competing on a common basis. Because offerors may propose various approaches in connection with a negotiated Statement of Work, a uniform standard is used to evaluate the differing approaches to the requirement. This standard is embodied in the evaluation criteria described in the RFP.

A RFP/IFB is provided to all sources that request it or are known to be interested in performing a proposed requirement.

Publicizing Contract Requirements

The **Commerce Business Daily** (CBD) is the principal publication through which prospective sources learn of planned NIH contract projects. Generally, all NIH solicitations are announced in the CBD. It is the NIH policy to seek competition in its contract programs to the greatest extent possible. Noncompetitive contracts are awarded on an exception basis only. Announcing competitive solicitations in the CBD provides a wide distribution of the NIH requirements to interested parties and potential contractors who may submit proposals in response to announcements of the RFP availability.

In addition to announcing proposed contract projects in the CBD, the NIH also uses the NIH Guide for Grants and Contracts (Guide) for its R&D requirements. It contains policy guidance and administrative information concerning the NIH programs as well as the RFP announcements.

Information concerning subscriptions to the CBD may be obtained from the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9371. Inquiries regarding the Guide may be addressed to the Office of Extramural Programs, NIH, 6701 Rockledge Drive MSC 7910, Bethesda, Maryland 20892-7910, Telephone (301) 435-2768.

As a third method of announcing and making RFPs available to the public, the NIH has established a Home Page on the Internet. This may be accessed at The Guide, as well as the RFPs issued by a number of NIH ICs, may be accessed at the NIH Home Page address. All of the RFPs announced electronically may be downloaded directly to your personal computer.

Evaluation and Negotiation of Proposals

Proposals received in response to the RFP are evaluated by the NIH from a technical point of view, which includes the offeror's past performance on similar projects, and from the standpoint of cost. The relative importance of the technical aspects of the proposal versus the cost or price, as well as how past performance is to be treated, will be specified in the RFP.

a. Technical Evaluation of Proposals and Establishing a Competitive Range

Sources responding to solicitations can be assured that their proposals will be evaluated professionally and objectively by persons who have expertise in that particular field. For R&D and R&D support requirements, the technical evaluation is conducted by one or more panels in the scientific or technical disciplines associated with the contract requirements. At least three-fourths of the members of the review group must be non-Federal Government employees. For non-R&D requirements, persons within the Federal Government who have expertise in that particular field serve on a committee to evaluate proposals. The technical evaluation is conducted solely on the basis of the evaluation criteria announced in the RFP, which may include past performance and any other

relevant factors for source selection. All proposals submitted for technical review are designated as either acceptable or unacceptable.

After the technical evaluation, the contracting officer will establish a competitive range. The competitive range identifies those offerors with whom NIH will conduct negotiations, and is composed of those acceptable proposals, which have a reasonable chance of being selected for award.

b. Negotiations

Once a competitive range has been established, negotiations are undertaken by the NIH Contracting Officer with the offerors determined to be in that "range." These negotiations, either written or oral, will reveal to each offeror the ambiguities, uncertainties, or any questions raised by the evaluation of their proposal. Questions affecting technical/scientific considerations, cost elements and administrative matters may be discussed. Offerors are then given an opportunity to improve or revise their proposal in a Best and Final Offer (BAFO) to be submitted by a specified date. This BAFO is the basis for the final contract award to the offeror deemed most advantageous to the Government. In special situations and if so specified in the RFP, the Government may award a contract on the basis of initial offers received, without discussions. Therefore, each initial offer should contain the offeror's best terms from a cost or price and technical standpoint.

c. Cost and Price Analysis of Proposals

Proposals, which are technically acceptable are also evaluated from a business standpoint. Cost analysis is the review of the individual cost elements and proposed profit or fee, if any, by an evaluation of the offeror's cost or pricing data and of the judgmental factors applied by the offeror to the estimated costs. This is accomplished through verification and evaluation of each element of cost proposed by the offeror based upon the audit and technical analysis performed by the various Government specialists.

Price analysis is the process of examining and evaluating a proposed price without evaluating its separate cost elements and proposed profit. Price analysis entails:

(1) comparison of proposed prices received in response to the solicitation; (2) comparison of prior proposed prices and contract prices with current proposed prices for the same or similar items; (3) application of rough yardsticks to highight significant inconsistencies that warrant additional pricing inquiry; (4) comparison with competitive published price lists; (5) published market prices of commodities; (6) similar indexes and discount or rebate arrangements; and (7) comparison of proposed prices with the independent Government cost estimate, and comparison of proposed prices with prices for the same or similar items obtained through market research. Price analysis is always utilized when employing negotiated fixed-price contracts, most of which are non-R&D types.

d. Award Announcements/Notifications to Unsuccessful Offerors

Notices of contract award are published in the CBD. Upon written request, unsuccessful offerors are debriefed and furnished the basis for the selection decision and contract award. Debriefing information includes the Government's evaluation of the significant weaknesses or deficiencies in the offeror's proposal; the overall evaluated cost or price and technical rating of the successful offeror and the debriefed offeror; the overall ranking of all offerors; a summary of the rationale for award; for acquisitions of commercial end items, the make and model of the item to be delivered by the successful offer; and reasonable responses to relevant questions regarding the agency's compliance with source selection procedures contained in the solicitation and compliance with acquisition rules and regulations.

The contracting officer will notify, in writing, each unsuccessful offeror at the earliest practicable time that their proposal is no longer eligible for award.

Sealed-Bid Procedures

To utilize the sealed bidding process the following conditions must be present: (1) if time permits, the solicitation, submission and evaluation of sealed bids; (2) the award will be made on the basis of price and other price-related factors; (3) it is not necessary to conduct discussions with the responding offerors about their bids; and (4) there is a reasonable expectation of receiving more than one sealed bid.

After the contracting officer determines that these conditions exist, the next step is the preparation of "IFBs." It must describe the requirements of the Government clearly, accurately and completely. The invitation includes all documents (whether attached or incorporated by reference) furnished to prospective bidders for the purpose of bidding.

The next step is publicizing the IFBs. Invitations are usually publicized in the CBD, through distribution to prospective bidders and posting in public places. Publicizing occurs in sufficient time before public opening of bids to enable prospective bidders to prepare and submit bids.

Submitted bids are kept unopened in a locked bid box or other secure container until the time of public opening. Bidders must submit sealed bids to be received at the exact time and place stated in the solicitation. A late bid is not considered for award, unless one of the exemptions stated in FAR 14.304-1 applies.

The Bid Opening Officer publicly opens the bids, reads the bids aloud to those present and has the bids recorded. Original bids are kept by the Government official but can be viewed by the public under Government supervision.

The contracting officer evaluates the bids for responsiveness, responsibility and reasonableness of price.

Responsiveness is achieved when the bid is submitted in a timely manner and prepared in accordance with the instructions outlined in the IFBs.

A bidder is determined responsible when he or she: (1) has adequate financial resources to perform the requirement or the ability to obtain them; (2) is able to comply with the required delivery or performance schedule, taking into consideration all existing commercial and governmental business commitments; (3) has a satisfactory performance record; (4) has a satisfactory record of integrity and business ethics; (5) has the necessary organization, experience accounting and operation controls, and technical skills, or the ability to obtain them; (6) has the necessary production, construction, and technical equipment and facilities or the ability to obtain them; and (7) is otherwise qualified and eligible to receive an award under applicable laws and regulations.

After the contracting officer determines whose bid will be most advantageous to the Government, considering price and price-related factors, the contract award is made by written notice.

Unsolicited Proposals

In addition to contract projects, which are planned and developed by the NIH, unsolicited proposals can also be the basis for establishment of requirements to be obtained by the contract. An unsolicited proposal is a voluntary written offer by a source outside the Government of new ideas and concepts that the NIH may find meritorious and useful in furtherance of its mission. A valid unsolicited proposal must be innovative and unique; independently originated and developed by the offeror; prepared without Government involvement; and include sufficient detail to permit a determination that Government funding could be worthwhile and the proposed work could benefit NIH's mission. Based on these criteria, an evaluation of the proposal will then be performed by three or more experts, the majority of whom are not required to make recommendations concerning the contract action as part of their official duties.

An unsolicited proposal may be the basis for a Government competitive solicitation, i.e., RFP, if the RFP in no way reveals the original ideas or approaches of the originator. For example, an unsolicited proposal may represent one possible approach to a common problem; if there are other possible approaches to the problem, it may be in the Government's best interest to issue a competitive solicitation asking for technical approaches that offer the best solution to the problem. The competitive RFP would not specify or reveal the techniques described by the originator of any unsolicited proposal. When competition is deemed appropriate, notwithstanding the submission of an unsolicited proposal, the originator will be invited to participate under the formal competitive RFP.

Unsolicited proposals should be forwarded to the Chief of the appropriate NIH Contracting Office, in accordance with FAR Part 15.6, for processing.

SAMPLE ACQUISITION MILESTONE SCHEDULE

MILESTONES

PRESOLICITATION ACTIVITIES	13. Draft Peer Review minutes
1. Research Initiative/Concept Review	14. Negotiation Questions Developed by PO/CO
2. Initial PO/CO/SRA contact	15. Negotiations Opened
3. First Draft of RFC; discussion of required approvals/clearances	16. Cost Analysis Report Received
4. RFC approval	17. BAFO Received
5. Presolicitation Review	**AWARD**
6. Small Business Review	18. Source Selection Meeting (if needed)
SOLICITATION ACTIVITIES	19. Touch up Negotiations
7. CBD synopsis publish date	20. IC Approval of Intended Award
8. RFP Issued	21. Prepare Contract
9. RFP Closing Date	22. Preaward Reviews
10. Peer Review Meeting	23. Contract Mailed to Contractor
11. Competitive Range Determination	24. Contract Execution
12. Cost Analysis Requested	25. Award Notifications (Unsuccessful, Congressional, etc.)

OFFICE OF LOGISTICS MANAGEMENT
SUPPLY MANAGEMENT DIVISION

Under the Office of Logistics Management, the Supply Management Division is responsible for providing the NIH community with a variety of stock items to include laboratory, chemical and administrative items at discounted prices. With approximately 2,100 items in stock, sales through the NIH supply system had yearly average sales of over $36 million dollars in FY97 and FY98.

The NIH supply system procures a comprehensive inventory of items for acquisition and distribution throughout NIH. In keeping with the nature of work being done at NIH, the Supply Management Division (SMD) remains vigilant of the dynamic environment in which research is conducted in order to best meet the needs of the research community. Vendors offering high quality items meeting the needs of the NIH research community will find a receptive customer in SMD.

Vendors may pursue several means of contacting and presenting items for consideration for sale through SMD. Traditionally, vendors contact an Inventory Management Specialist handling a specific product category. There are several requirements for inclusion which must be met under this method. Often vendors must include a list of NIH researchers who have requested the addition of an item into the stockroom. For more information on which Inventory Management Specialist to contact, call SMD's main number at **301-496-3395**. Those with products not fitting the criteria under which most products are introduced to the stockroom (established track record of sales to NIH outside of the stockroom, list of NIH researchers requesting inclusion into the stockroom, etc.) may contact SMD's program analyst, **Rick Gomez**. Meeting with the program analyst offers vendors seeking non-traditional inclusion of products into the stockroom an opportunity to negotiate possible quick introductions of new products which are certain to meet the changing needs of NIH's research community. Mr. Gomez can be reached at
301-435-3662.

SIMPLIFIED ACQUISITIONS

FEDERAL ACQUISITION STREAMLINING

Making Federal Dollars Work Smarter

In the last few years, there have been some dramatic changes to the way the Federal Government obtains its supplies and services. The basis for these changes are found in the Federal Acquisition Streamlining Act (FASA) of 1994 (PL 103-355) and the Federal Acquisition Reform Act (FARA) of 1996 (PL 104-106).

The National Partnership for Reinventing Government encompasses federal acquisition and has as its goal, a more efficient Government. Specifically, the objective of FASA and FARA is to expedite the acquisition process, saving time and money. Prior to the passage of these Acts, the Government acquisition process was long and drawn-out; since their enactment, Government is doing business more like private industry.

FASA/FARA resulted in several changes to simplified acquisition, which used to be known as small purchasing. Simplified acquisitions are procurements of relatively low-dollar requirements that have specific award procedures differing from contracts. While the small purchasing threshold was $25,000, the simplified acquisition threshold is now $100,000. In addition, the Federal Government can now use these simplified acquisition procedures to procure commercial items up to $5,000,000.

Simplified Acquisition Categories

Micro Purchases: These are a subset of simplified acquisition and are the easiest type to process. Regulations provide a streamlined, less restrictive procedure for acquiring goods and services not exceeding $2,500 (except for construction for which the threshold is $2,000). Micro purchases, unlike other simplified acquisition, are not set-aside for small business, are exempt from the Buy American Act, do not have to be competed, and do not require written determination of price reasonableness except in rare instances. Purchasing agents are, however, required to rotate sources to ensure that all interested vendors have an opportunity to sell to the Government. The new legislation encourages oral ordering of micro purchases, a condition often fulfilled through the Government IMPAC purchase cards and NIH Blanket Purchase Agreements (BPAs) by both acquisition and non-acquisition personnel.

Simplified Acquisitions: This category includes purchases above $2,500 and up to $100,000. The mechanism uses more streamlined procedures than are utilized for contracts. These acquisitions are reserved for small business and purchasing agents are required to solicit a "reasonable" number of sources to promote competition. While price may be the only consideration for award, other factors can be included if appropriate.

Commercial Items: As mentioned, this is a new category that allows procurement of supplies and services up to $5,000,000 without using the traditional contract procedures. FARA has defined commercial items as those supplies and services that are sold in substantial quantities to the public, and includes items that are not currently on the market but will be in the near future. This category also includes modification to these items, installation and maintenance services on these items, and leases or licenses associated with these items. FASA has established a preference for commercial items. The government now is required to do market research to determine what is already available in lieu of expending significant R&D funds to develop comparable items.

Simplified acquisitions are awarded more quickly than high-dollar procurements. For example, requirements between $25,000 and $100,000 only need to be advertised in the Commerce Business Daily for 15 days in lieu of the 30-45 days required for contractual requirements. Simplified acquisition requirements that are advertised through FACNET (the Government's electronic system of advertising requirements and obtaining quotes/bids) are advertised for an even shorter time. What might have taken six months or more to award using complex contract procedures, can now be processed in one to two months.

Acquisition streamlining and reform have implications far beyond purchasing. For example, the concept of competition and competitive range has been loosened to allow the contracting officer more discretion in determining what is appropriate for the specific procurement. There is an added emphasis on past performance to ensure a responsible, experienced contractor is selected. The "lowest bidder" is not necessarily the one who gets the award. Government-wide agency contracts (GWACs) have also become big business as Government agencies compete with one another to provide supplies and services throughout the Government.

The NIH Purchasing Environment

Station support contracting and purchasing are done by certain NIH Institutes that have purchasing authority (i.e. the decentralized offices) and by a centralized purchasing office located in the Office of Procurement Management (OPM). Each of these offices issues purchase orders (PO) and delivery orders (DO) in accordance with the FAR, HHSAR, and other NIH policies and procedures. Requirements that exceed $10,000 and up to $25,000 are either obtained by oral quotations or posted on boards at the office locations for 10 days.

Requirements exceeding $25,000 are either satisfied through FACNET (Electronic Commerce) or synopsized for 15 days in the Commerce Business Daily (CBD) prior to issuance of a solicitation. NIH issues purchase and delivery orders the same way most other Federal agencies do.

In addition to the centralized and decentralized purchasing offices, NIH has what are known as DELPRO Nodes. These are offices that have authority to place certain oral orders within established dollar thresholds under the NIH DELPRO procurement system. The FASA requires a preference for utilizing oral ordering mechanisms. Thus, instead of the traditional PO and DO being issued by a central purchasing office, an oral order can be placed by a DELPRO Node using a BPA or a purchase card.

NIH's Three Oral Ordering Mechanisms:

1) Purchase Cards are used throughout NIH. (See Government Purchase Card Info-Gram for details). The purchase card program has been in effect at NIH since June, 1995.

2) BPAs are also used throughout NIH. NIH ordering officials place Records of Call against them.

3) SF-44 Requisition/Order/Invoice forms are used for purchases that do not exceed $1,500. Until recently the threshold was $300.

In addition to these oral ordering mechanisms and the standard purchase and delivery orders, NIH maintains its own supply inventory. A warehouse and five self-service stores on campus stock approximately 1,000 items with annual sales of more than $25,000,000. The inventory carries an array of laboratory and administrative supplies. Contact the Office of Logistics Management at 301-496-0158 for additional information.

NIH DELPRO

DELPRO was established at NIH in 1981 to expedite the acquisition process for the most frequently required supplies and services. This is achieved primarily through the use of Blanket Purchase Agreements. BPAs are established with GSA Federal Supply Schedule contractors and open market vendors. Millions of dollars are expended through 950 DELPRO BPA vendors with more than 200,000 orders being placed annually.

Blanket Purchase Agreements

BPAs are like charge accounts. (See BPA INFO GRAM for details.) They are established at $0 dollars with no Government commitment and are only activated when orders are placed against them. At NIH, BPAs are awarded through the BPA Management Branch, OPM, and can be accessed and ordered electronically by designated individual offices throughout NIH. The nature of the research usually necessitates that a variety of supplies and services be obtained quickly. Selected support officials in the decentralized offices and DELPRO nodes place the orders directly with the vendors.

Thresholds

For many years, the majority of BPA orders were limited to $2,500 or $5,000. Effective March, 1995, in order to accommodate larger requirements, NIH increased these limits to $10,000 for open market procurements and up to the maximum order threshold for most Federal Supply Schedule orders. This means that orders up to these limits can be placed directly with the vendor by NIH authorized ordering officials without having to go through a procurement office.

BPA Vendor Criteria

At NIH, DELPRO is big business. It is quick and efficient for both NIH and the vendors. The criteria required for establishing a BPA are that the vendor do at least $15,000 worth of business at NIH through at least 10 orders in one year with at least two different NIH offices or laboratories. No open market order should exceed $10,000. Then, if the environment is conducive for a BPA and if there is a need for the commodity, the vendor will be asked to provide a competitive across the board discount rate and a BPA may than be established. These discount rates are actually percentages off the list price; for example, if the list price is $100 and the discount rate is 30%, the NIH price is $70. Be aware that whatever discount rate is negotiated for BPA orders is also applied to purchases made with other simplified acquisition mechanisms. This will include but is not limited to the NIH purchase card and general purchase orders. A discount validation program is in effect to ensure NIH is realizing the discount rate negotiated.

BPA INFO-GRAM

WHAT'S NEW?

The Federal Acquisition Streamlining Act (FASA) which was signed in October, 1994, changed the laws regarding Government acquisitions. A few of these changes are:

- Small purchases are now called "simplified acquisition."
- Purchases that do not exceed $2,500 are now called "micro-purchases."
- Small Business set asides no longer apply to micro-purchases.
- The non-manufacturer rule applies to all acquisitions greater than $25,000. This means a vendor under a small business set aside shall be a small business and shall provide either its own product or that of another domestic small business manufacturer (FAR 19.001).
- Although micro purchases are not set aside, the majority of BPA orders issued at NIH are still issued to small business.

DID YOU KNOW?

- The term DELPRO is an acronym for NIH's Delegated Procurement system.
- Simplified acquisitions are processed by DELPRO acquisition offices, the centralized procurement office in the Office of Procurement Management, and by the decentralized Institute purchasing offices.
- NIH places most of its simplified acquisition orders for goods and services through its DELPRO system.
- Orders placed through BPAs make up most of the DELPRO orders.
- BPAs are established with a number of small and large business open market vendors and with Federal Supply Schedule contractors.
- NIH currently has around 950 BPAs.
- DELPRO BPA orders are currently averaging $750 per order.
- It takes a tremendous amount of NIH resources to establish, negotiate, monitor, administer, and maintain the NIH BPAs.

WHO WE ARE...

- The BPA Management Branch in the Division of Policy and Planning, Office of Procurement Management negotiates, establishes, analyzes, and maintains the BPAs.

- The Assistance and Review Branch, Division of Policy and Planning, Office of Procurement Management reviews the DELPRO order files using a standard check list to ensure that all Federal and Department regulations, and NIH policies and procedures are in compliance.

- There are more than 350 DELPRO Ordering Officials and 350 Approving Officials in more than 120 DELPRO acquisition offices who process orders each day. Vendors awarded a BPA are provided with the list of DELPRO acquisition offices.

WHAT IS A BPA?

A Blanket Purchase Agreement is a simplified purchasing method used to fill anticipated repetitive needs for supplies or services by establishing "charge accounts" with qualified vendors. The quantities and delivery requirements are not known in advance. This type of arrangement allows orders to be placed orally.

The Federal Government permits agencies to establish BPAs with Federal Supply Schedule vendors and with small and large open market vendors.

HOW DO YOU GET A BPA?

The BPA Management Branch receives a large number of requests from vendors who are interested in establishing a BPA with NIH. Because of the costs associated with establishing and administering the BPA program, several factors are considered before a new BPA may be issued. Briefly, those factors are:

- Proposed BPA must include a wide variety of goods or services.

- A minimum of 10 orders must have been placed with the vendor, at or below $10,000 each (except for FSS orders which may be up to the maximum order threshold), with a cumulative total of at least $15,000, during the most recent 12 month period by more than one NIH office or laboratory.

- The vendor's discounted (net) prices must indicate that purchasing under a BPA would be advantageous to NIH.

- Vendors must comply with any NIH special requirements, e.g., Animal Welfare Assurance Certification, etc., when applicable.

- Vendors must agree to pay all freight charges and deliver to the specific building and room specified at the time the order is placed, since in most cases BPAs are issued as

- F.O.B. Destination.

More information is available from NIH's BPA Management Branch, (301) 496-5212.

ONCE A BPA IS ESTABLISHED, WHAT IS REQUIRED TO CONTINUE IT?

- Vendors must provide agreed upon discounts.
- Vendors must follow the terms and conditions of the BPA.
- There must be a reasonable usage of the BPA by NIH.
- Yhere must be a continued need for the BPA.

WHAT CAN YOU DO?

Understanding and identifying your customers and marketing your firm and your products or services, are important factors when doing business in today's fast paced, competitive market place. The key to successfully marketing your firm and product line is also reflected in your firm's prices, your ability to meet delivery and the quality of the goods and services you offer.

GOVERNMENT PURCHASE CARD (VISA) INFO-GRAM

Introduction

The Purchase Card Program was instituted by the General Service Administration (GSA), Federal Supply Service to help reduce the burden in procuring items under the simplified acquisition threshold.

The program is a simplified acquisition method, and as such, is subject to the simplified acquisition regulations established in the Federal Acquisition Regulation (FAR), Health and Human Services Acquisition Regulation (HHSAR), and NIH implementation instructions.

NIH Policy

It is the policy of NIH to use oral ordering procedures, (i.e., purchase card, DELPRO, etc.) for purchases up to the micro-purchase threshold of $2,500 where authorized and feasible.

NIH encourages non-acquisition personnel to take the training and request purchase card authority up to the micro purchase threshold ($2,500). It is the intent of the program that micro purchases be made by non-acquisition personnel in the office that generated the requirement, rather than a purchasing office, to the maximum extent practicable. The program also encourages purchasing offices to acquire goods and services up to the micro-purchase threshold using this or another oral ordering mechanism.

Dollar Limits Associated With The Card

Each purchase card is subject to a Single Purchase Limit, a Billing Cycle Purchase Limit, and a Billing Cycle Office Limit. Neither cardholders nor merchants are allowed to exceed the single purchase limit or split the purchase in order to accommodate the purchase card limit.

Tax Exempt Status

The Federal Acquisition Regulation (FAR 29.302(a)) states that purchases made by the Federal Government are exempt from state and local taxation (including the District of Columbia). Cardholders are to advise the merchant that the purchase is tax exempt. If the merchant requires proof of NIH's tax exempt status, the cardholder will forward a copy of the appropriate tax exemption letter to the vendor.

Request For Payment

Request for payment for purchase card orders should be processed through the vendor's bank. These requests as well as duplicate invoices (marked paid or prepaid) should not be sent to the Commercial Accounts Section of the Office of Financial Management, NIH. If the vendor's computer system can be modified to eliminate these invoices, this action should be taken. Otherwise, the vendor should forward the invoice to the individual cardholder rather than NIH.

Request For Information On Cardholders

Requests for information on the Purchase Card Program/cardholders should be made under the Freedom of Information Act (FOIA) to:

National Institutes of Health
Freedom of Information Office, OD/OC
31 Center Drive, Room 2B39
Bethesda, Md. 20892
Phone (301) 496-5633

Request For Information On The Program

Requests for general information concerning the Purchase Card Program (with the exception of cardholders) can be addressed to the Agency Program Coordinator or staff members of the Division of Policy and Planning at (301) 496-6071.

ELECTRONIC COMMERCE/ELECTRONIC DATA INTERCHANGE

Background

One of the Clinton Administration's major themes in its National Performance Review was the need to overhaul the procurement process in Federal government. With this task in mind, President Clinton signed an Executive Order on October 26, 1993, establishing a requirement for Federal agencies to implement Electronic Commerce/Electronic Data Interchange (EC/EDI) systems. The EC/EDI initiative was intended to decrease turnaround time, cost of processing orders, and the cost of procured goods and services, while increasing opportunities for small and minority businesses to compete in the Federal marketplace. The initiative and guidelines for implementing such systems were formalized through the Federal Acquisition Streamlining Act of 1994 (FASA). Agencies who successfully demonstrated their capability to sustain an EC/EDI program could apply for Interim FACNET Certification and thereby raise their simplified acquisition threshold from $50,000 to $100,000.

Description of the FACNET and the EC/EDI Initiative

The Federal EC/EDI system infrastructure is the interconnected communications and computer capability supporting the exchange of business transactions in a standard format between Government agencies and their trading partners. On the government side are agency procurement systems, gateways and two Electronic Commerce Processing Nodes (ECPNs). Gateways serve as local hubs, collecting and distributing electronic transactions to one or more departmental information systems. The ECPNs, run by DoD, are the central collection and distribution points for electronic transaction to both the government and private industry through DoD certified Value Added Networks (VANs). A trading partner exchanges transactions with the government by subscribing to one of these VANs. The VAN may offer additional services such as transaction translation, consulting and training, vendor profiling, and access to on-line databases and other procurement information.

Transactions

FACNET uses ANSI X-12 transaction set standards to conduct electronically. By selecting a standard, both the government and private industry trading partners agree on the format and meaning of information within the EDI transaction. Because the Federal procurement community was FACNET's first customer, the transactions traded most through the network are procurement-related documents—840s/Request for Quotes (RFQ), 843/Quotes, 850/Purchase Orders. Transactions supporting the procurement function, 838/Trading Partner Profiles, 832/Electronic Catalogs, and 864/Award Notices, also contribute significantly to the transaction volume. As other functional areas implement EDI, additional transaction sets are added to the system, for example, 856/Shipping Notices and 810/Invoices.

A typical EDI procurement cycle would start with the purchasing agent transmitting an RFQ which is translated into an 840 transaction set. A vendor responds with an 843/quote. The purchasing agent uses automated software to evaluate the quotes based on price and/or delivery date or other pre-established criteria. The purchasing agent selects a winning vendor and transmits an 850/Purchase Order to the vendor, and may also elect to transmit an 836/Award Notice for public distribution. A 997/Functional Acknowledgment is generated by the recipient for each transaction set and transmitted to the transaction originator documenting delivery of the transaction.

OPM's EC/EDI Project

The Office of Procurement Management (OPM), the centralized procurement activity at the NIH, started testing their EDI system and sent their first live transaction in November 1995. Transaction volumes increased over time, and currently OPM is processing over 80% of its simplified acquisition requirements between $2,500 and $100,000 to FACNET. Posting times generally range from 3 days to 2 weeks, depending on the urgency of the supplies or services required and the complexity of the procurement.

The Office of Procurement Management was among the first, if not the first, civilian agency to post RFQs with an electronic statements of work (SOW) and to issue electronic RFQs for services. Procurements range from PCS and printers to polycoveralls, from electron microscope maintenance to replacement of conference room doors, from electric rays to squid eyes. Due to the successes of the OPM EC/EDI program, the NIH was the first procurement office to apply and be awarded Interim FACNET Certification by the Department of Health and Human Services and among the first Interim-certified civilian agencies.

Benefits to Vendors

There are numerous advantages for private industry to convert to EDI. A vendor can increase its business opportunities not only with the federal government, but many state and local government agencies and private sector trading partners. Improvements may be seen in better record-keeping (all electronic rather than paper or paper and electronic records), reduced processing times (transactions can be received in a matter of minutes), and lower paper costs (duplicating, mailing, postage).

Getting started:

You will need a PC, a modem, and a subscription to a DoD-certified VAN. For more information on EC/EDI see DoD's web site at http://www.acq.ods.mil/ec/. For NIH-specific questions, feel free to call Mary Haak at 301-496-1199. She can also be reached via e-mail at mary_haak@nih.gov.

CONTRACTING VIA THE WORLD WIDE WEB

Electronic RFPs at the NIH

In 1995, several institutes at the NIH began using the Internet to electronically issue some of their Research and Development (R&D) contract requirements. The NIH R&D REQUESTS FOR PROPOSAL (RFP) Gopher directory was established to provide NIH Gopher users with quick and easy access to selected R&D RFP solicitations available at the NIH. This gopher directory provides users with ASCII text versions of RFPs, which have been previously advertised in the NIH Guide for Grants and Contracts and the Commerce Business Daily, along with solicitation/contract information, instructions and forms required for the acquisition process, from proposal preparation to award of a contract. Currently, only a limited number of RFPs have been issued electronically, however, with the explosion of the Internet, the number of electronic RFPs at the NIH is on the rise. The NIH R&D RFP directory can be accessed via the following web site address at http://www4.od.nih.gov/ocm/contracts/rfps/mainpage.htm.

As an adjunct to the NIH's efforts with issuing electronic RFPs, the National Institutes of Allergy and Infectious Diseases (NIAID), NIH, worked on a pilot project which allowed offerors to submit proposals via the Internet. In the fall of 1996, the NIAID issued a RFP to test this "Paperless Acquisition" process and to ascertain the feasibility of obtaining biomedical research proposals and the subsequent peer review via the Internet. The RFP was released electronically, proposals were submitted electronically (over the Internet), and were forwarded to the peer reviewers electronically. The peer review was designed so that a face-to-face meeting was not required. Adequate security was provided by using a dedicated server with access restricted through passwords. Following the electronic review process, negotiations were conducted and a contract award was made in June 1997. This approach saved the government and, hence, the taxpayer the costs of travel and per diem for the reviewers, and of shipping proposals to the reviewers. Offerors were spared the cost of copying and shipping proposals, which can be a significant expense. As a result of the success of this pilot project, other "Paperless RFPs" are planned for the upcoming fiscal year.

Other innovative contracting vehicles, such as, the National Cancer Institute's sponsored "Intra Mall," an electronic shopping mall, and the Office of Procurement Management's NIH Information Technology Acquisition and Assessment Center (NITAAC) are making supplies and services available for purchase electronically via the Internet to decrease costs and increase operational efficiencies.

The NIH Small Business Office, the Office of Procurement Management and the Small Business Administration spearheaded the first pilot of an "8(a) competitive acquisition" from start to finish via the Internet.

The NIH acquisition community expects to explore more business innovation via the Internet in the future.

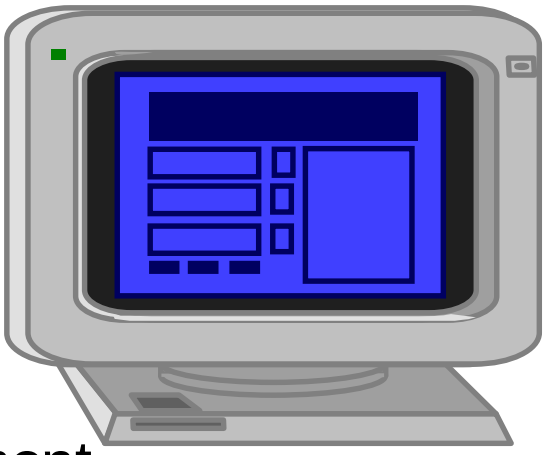
ELECTRONIC PAYMENTS

As the Federal Government moves into the Information Age, many changes affecting how we conduct business can be expected. Starting January 1, 1998, in accordance with Federal law, the NIH will begin making payments to vendors from the U.S. Treasury via Electronic Funds Transfer (EFT). EFT includes Automated Clearing House (ACH), Fedwire, I.M.P.A.C. purchase cards, and American Express ATM (automated teller machine) transactions. ACH is the primary system used to transfer payments to vendors and report on payments to vendors, possibly for a fee. All active vendors with orders placed before July 26, 1996, must be converted to ACH no later than January 1, 1999; all new vendors will be required to utilize ACH beginning January 1, 1998. Vendors must register with each Federal Agency with whom they do business. Vendors register by completing a SF-3881, ACH Vendor/Miscellaneous Payment Enrollment Form.

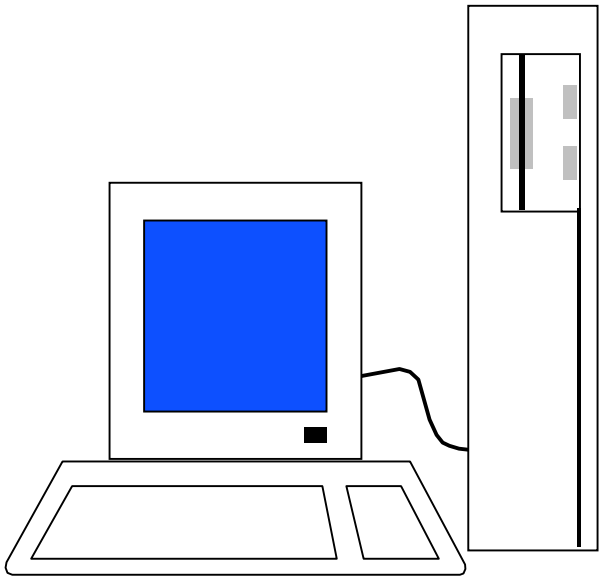
Prior to issuing a purchase order or signing a contract the responsible Federal Official will provide the SF-3881 to all new vendors and per invoice. Any questions and/or additional information can be directed to The NIH Financial Systems Branch, Office of Financial Management, Building, 31, Room B1-B04, 301/435-3505, the URL site for OFM is http://www.nih.gov/od/ofm/. The Department of the Treasury has made the Guide to Federal Financial EDI Payments available on a Fax-on-Demand line at 202/874-8616 and via their web site at http://www.fms.treas.gov/vendor.html.

WHAT NIH BUYS!

ACQUISITION DATA PROCESSING SERVICES

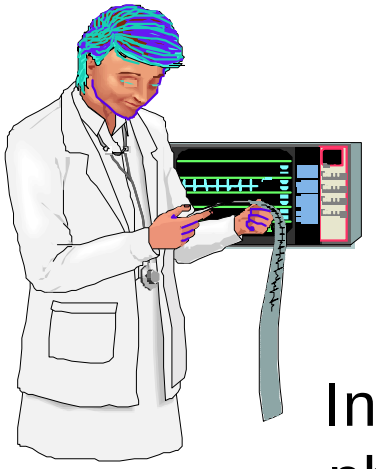


Includes database management, data entry services, training, software development, maintenance, systems analysis, keypunch services,

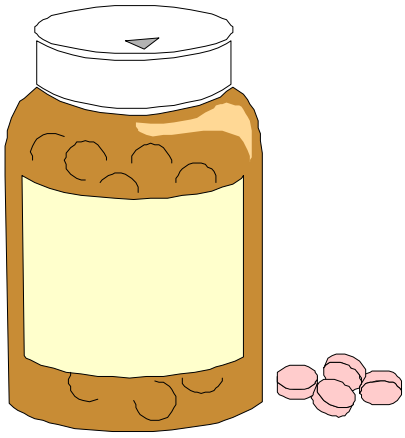


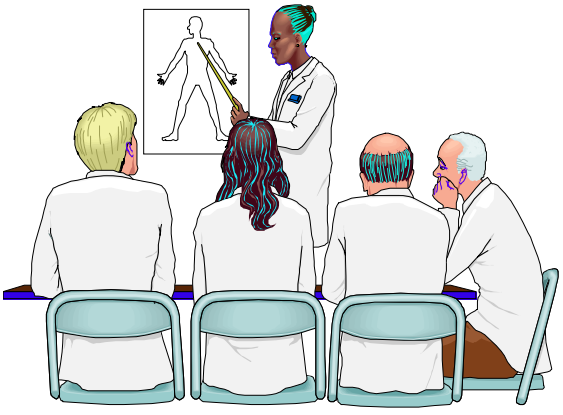
information retrieval services, requirement analysis.

BIOMEDICAL RESEARCH AND DEVELOPMENT SUPPORT



Includes clinical trials, pharmacological studies, clinical centers, and environmental research





CONSTRUCTION SERVICES

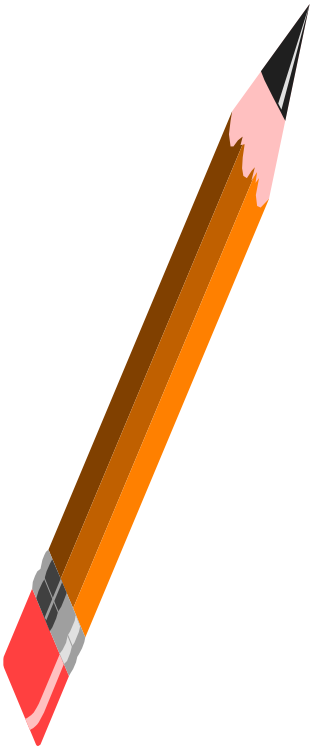
Includes activities such as architectural and engineering, construction of dwellings, office buildings, laboratories and medical facilities, special trade contractors, renovating and alterations.

MANAGEMENT CONSULTING SERVICES

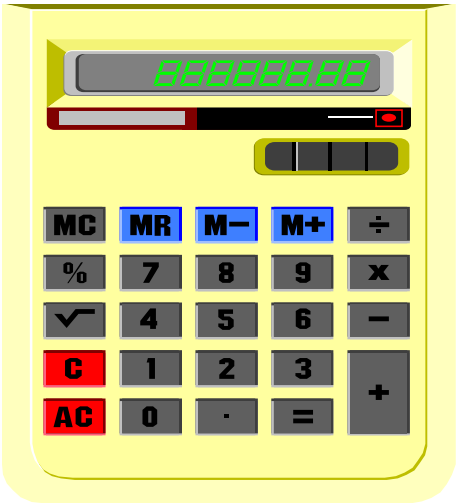
(Subject Matter Expertise)

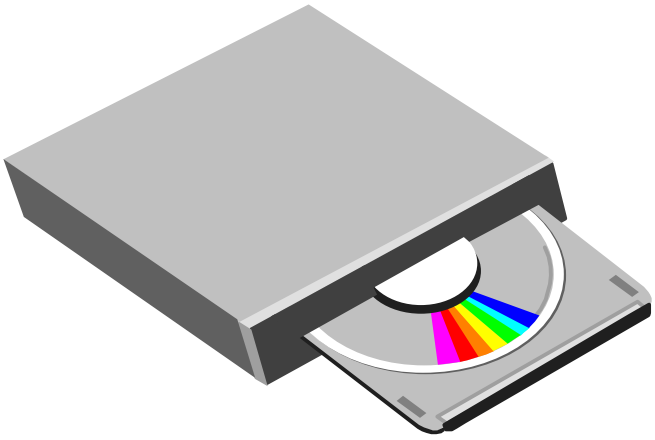
Includes studies, conferences, training, planning program promotions, technical assistance, clearinghouses, survey, data collection and analysis, logistical and management support, evaluations, biomedical research and public awareness programs.

PRODUCTS



Includes the purchase of equipment, supplies, textile goods, office furniture, chemicals, paper products, machinery, office machines, computer equipment, laboratory equipment, optical instrumentation and communication equipment





PRODUCT/SERVICE ACQUISITIONS

Standard Industrial Code (SIC)	Industry Description
0279	ANIMAL SPECIALTIES, NEC
0742	VETERINARY SERVICES, SPECIALTIES
0752	ANIMAL SPECIALTY SERVICES
0782	LAWN AND GARDEN SERVICES
1542	NONRESIDENTIAL CONSTRUCTION, NEC
1623	WATER, SEWER, AND UTILITY LINES
1711	PLUMBING, HEATING, AIR-CONDITIONING
1731	ELECTRICAL
1742	PLASTERING, DRYWALL, AND INSULATION
1796	INSTALLING BUILDING EQUIPMENT, NEC
1799	SPECIAL TRADE CONTRACTORS, NEC
2047	DOG AND CAT FOOD
2086	BOTTLED AND CANNED SOFT DRINKS
2389	APPAREL AND ACCESSORIES, NEC
2499	WOOD PRODUCTS, NEC
2531	PUBLIC BUILDING AND RELATED FURNITURE
2721	PERIODICALS
2732	BOOK PRINTING
2741	MISCELLANEOUS PUBLISHING
2789	BOOKBINDING AND RELATED WORK
2833	MEDICINALS AND
2834	PHARMACEUTICAL PREPARATIONS
2835	DIAGNOSTIC SUBSTANCES
2836	BIOLOGICAL PRODUCTS EXC. DIAGNOSTIC
2869	INDUSTRIAL ORGANIC CHEMICALS, NEC
2899	CHEMICAL PREPARATIONS, NEC
3496	MISCELLANEOUS FABRICATED WIRE
3572	COMPUTER STORAGE DEVICES
3577	COMPUTER PERIPHERAL EQUIPMENT, NEC
3821	LABORATORY APPARATUS AND FURNITURE
3823	PROCESS CONTROL INSTRUMENTS
3826	ANALYTICAL INSTRUMENTS
3841	SURGICAL AND MEDICAL INSTRUMENTS

Standard Industrial Code (SIC)	Industry Description
3842	SURGICAL APPLIANCES AND SUPPLIES
3844	X-RAY EQUIPMENT AND SUPPLIES
3873	WATCHES, CLOCKS, WATCHCASES AND PARTS
3999	MANUFACTURING INDUSTRIES, NEC
4119	LOCAL PASSENGER TRANSPORTATION, NEC
4212	LOCAL TRUCKING, WITHOUT STORAGE
4215	COURIER SERVICES, EXCEPT BY AIR
4221	FARM PRODUCT WAREHOUSING AND STORAGE
4939	COMBINATION UTILITIES, NEC
4953	REFUSE SYSTEMS
4959	SANITARY SERVICES, NEC
5045	COMPUTERS PERIPHERALS, AND SOFTWARE
5047	MEDICAL AND HOSPITAL EQUIPMENT
5049	PROFESSIONAL EQUIPMENT,
5087	SERVICE ESTABLISHMENT EQUIPMENT
5099	DURABLE GOODS, NEC
5154	LIVESTOCK
5192	BOOKS, PERIODICALS, AND NEWSPAPERS
5199	NONDURABLE GOODS, NEC
5812	EATING PLACES
7218	INDUSTRIAL LAUNDERERS
7299	MISCELLANEOUS PERSONAL SERVICES, NEC
7319	ADVERTISING, NEC
7334	PHOTOCOPYING AND DUPLICATING SERVICES
7338	SECRETARIAL AND COURT REPORTING
7342	DISINFECTING AND PEST CONTROL SYSTEMS
7349	BUILDING MAINTENANCE SERVICES, NEC
7371	COMPUTER PROGRAMMING SERVICES
7372	PREPACKAGED SOFTWARE
7373	COMPUTER INTEGRATED SYSTEMS DESIGN
7374	DATA PROCESSING AND PREPARATION
7375	INFORMATION RETRIEVAL SERVICES

Standard Industrial Code (SIC)	Industry Description
7376	COMPUTER FACILITIES MANAGEMENT
7378	COMPUTER MAINTENANCE AND REPAIR
7379	COMPUTER RELATED SERVICES, NEC
7381	DETECTIVE AND ARMORED CAR SERVICES
7384	PHOTOFINISHING LABORATORIES
7389	BUSINESS SERVICES, NEC
7521	AUTOMOBILE PARKING
7623	REFRIGERATION SERVICE AND REPAIR
7629	ELECTRICAL REPAIR SHOPS, NEC
7699	REPAIR SERVICES, NEC
7812	MOTION PICTURE AND VIDEO PRODUCTION
8011	OFFICES AND CLINICS OF MEDICAL DOCTORS
8062	GENERAL MEDICAL AND SURGICAL HOSPITALS
8069	SPECIALTY HOSPITALS, EXC. PSYCHIATRIC
8071	MEDICAL LABORATORIES
8093	SPECIALTY OUTPATIENT CLINICS, NEC
8099	HEALTH AND ALLIED SERVICES, NEC
8111	LEGAL SERVICES
8231	LIBRARIES
8299	SCHOOLS AND EDUCATIONAL SERVICES, NEC
8611	BUSINESS ASSOCIATIONS
8711	ENGINEERING SERVICES
8712	ARCHITECTURAL SERVICES
8721	ACCOUNTING, AUDITING, AND BOOKKEEPING
8731	COMMERCIAL PHYSICAL RESEARCH
8732	COMMERCIAL NONPHYSICAL RESEARCH
8733	NONCOMMERCIAL RESEARCH ORGANIZATION
8734	TESTING LABORATORIES
8741	MANAGEMENT SERVICES
8742	MANAGEMENT CONSULTING SERVICES
8744	FACILITIES SUPPORT SERVICES
8748	BUSINESS CONSULTING, NEC
8999	SERVICES, NEC
9221	POLICE PROTECTION

MARKETING AT THE NIH

This section presents the Small Business Program Office's recommendations and approach to marketing at the NIH. Experiences of program staff as well as observations made of successful marketing approaches, by both small and large business owners, contribute to the development of these practical tips and suggestions for developing and implementing a marketing strategy at the NIH. This discussion presumes that business planning and product/service development have been accomplished. Further, this discussion is intended to confirm that business-planning needs to establish a written and evolving marketing strategy and plan that is tailored to the targeted customer's needs and objectives. Finally, this discussion is intended to help small business owners get the most out of their marketing investment as well as to stimulate consideration of the use of new technologies, such as the Internet, for marketing tools.

KNOWING YOUR CUSTOMER AND PRODUCT/SERVICE MARKET POTENTIAL is critical to establishing and implementing a marketing plan and strategy at the NIH.

As you examine your prospects of engaging in business with the NIH, you will determine whether your products/services can and will be consumed by needs, wants and demands of the program activities executed in support of mission and organizational objectives. Business owners interested in reaching the NIH customer need to understand the cultural environment of the agency as well as what motivates their buying: product/service, scientific and technical merit, price, business reputation and experience. The research activities your business conducts should aim to discover the customer and determine which of your business's products and services have technical and cost effective value to satisfy customer motivations and objectives.

There are numerous ways to gather information about the NIH customer. The NIH web site http://www.nih.gov contains a vast amount of agency and health related information and links to an array of other web sites that can assist businesses in developing an understanding of the agency's function, mission, and potential needs. Information contained in this Guidebook synopsizes the NIH's mission objective and describes its acquisition and small business programs.

Strategies for using some of the noted information resources follows: 1) the Guidebook contains information about how to order the NIH telephone directory, which is one way to understand the organizational structure of the ICs and one way to determine and locate functional areas of responsibilities and the program and people supporting them; 2) the Guidebook lists NIH Contracting Offices and the IC's Information/Public Liaison Offices, which serve as gateways of information about all facets of the IC's activities, programs and people; 3) the NIH SBO web site http://sbo.od.nih.gov contains informative publications about programs, contract information and other business activities that can assist firms target future business opportunities.

Firms also should review a variety of business, health and Federal publications to learn about future programs and contract opportunities, e.g., the Commerce Business Daily is a publication that lists pre and post contract award notices as well as market survey notices for future business opportunities. Review of other publications, such as industry trade journals and health related literature, can help the business profile the NIH customer and its potential needs.

Before the Internet, it was often necessary to "walk the halls" of an agency to gather such information. Today the Internet, the marketplace of the future, is the keystone of electronic information and commerce and the gateway to the global customer base. Fortunately, for small businesses with limited resources, most research activity today can be conducted through a "virtual walk of the halls," from congressional appropriations to agency program budgeting.

IMPLEMENTING MARKETING COMMUNICATIONS about products/services to the targeted customer is effectively accomplished when tailored to buying conditions and processes.

Once you have determined that your product/service has technical and cost effective value to the NIH customer's needs and wants, an appropriate promotional strategy that effectively and efficiently uses your people and budgetary marketing resources should be directed to the targeted customer. Research and evaluation of informational literature should assist businesses in implementing a tailored marketing strategy that will enable you to take advantage of upcoming business opportunities at the NIH. The effective promotional strategy will accommodate for the challenges presented by a customer like NIH, where purchasing offices and activities are geographically dispersed and decentralized and a variety of contract mechanisms and vehicles are utilized to satisfy customer needs.

The right officials to contact will depend on not only the type and market value of the product/service offered but also the stage in the procurement cycle within which the business finds itself. At the same time, the dollar value of estimated procurements and available contracting vehicles would have a direct impact on the degree and mode of marketing activities the business owner will implement. The program or project officer, with the need and budget in the planning stage might be the right target. At later stages in the cycle, the small business and contracting officials might prove to be the right contact.

Simplified acquisitions, to include credit card activity, oftentimes require a direct, face-to-face approach with purchasing personnel. Credit card purchasing authority may rest with technical program and/or administrative type personnel. Some simplified acquisitions may be handled by a purchasing office that posts contracting opportunities on bulletin boards and seeks limited competitive quotes, through rotated vendor lists maintained in their offices. Some simplified acquisitions are accomplished through e-commerce modes and do not require nor afford the opportunity for traditional face-to-face interactions nor public postings.

Opportunities for more complex and larger dollar value contracts are posted in the Commerce Business Daily and on the Internet. The related contract process is time consuming, more complex and riddled with rules and regulations, with which the business owner should be familiar. Marketing for these requirements may be limited to intelligence gathering as far in

advance as possible simply to prepare the business as a viable bidder.

A characteristic of successful contract awardees is a comprehensive understanding not only of the NIH customer but also of the Federal procurement process itself. A business needs to understand the Federal Acquisition Regulations and any supplemental agency regulations. A business needs to understand the rules, regulations and procedures that influence the Government's different methods of soliciting offers and making awards of contracts. Small business should be familiar with the varied set-aside programs and how to benefit from the different preferences. The contract process, contract award information and contract office information can be found in this guidebook or posted on the SBO web site.

MARKETING TOOLS, such as capability statements or company brochures must be evolving and adaptable documents that are regularly updated and able to introduce the business and to speak to the experience and potential of its capability. A successful business learns to cultivate professional and personal relationships with program and contracting officials based on credibility and integrity of the business, its people and products/services.

A good marketing tool is tailored to the customer's needs and wants and, through attractive packaging, introduces and promotes the business's products/services in a clear and convincing manner with appropriate supporting information that substantiates the business's claims. If a business is fortunate enough to secure a few minutes of a program or contracting official's time, the business should be prepared to identify and discuss the customer's needs and demonstrate how the business's products/services can support customer objectives.

Generally, capability information should synopsize the business's philosophy, objectives, history, technical and management experience at the corporate level, product/service descriptions and summaries of "people" expertise, as appropriate. Corporate experience should substantiate capability claims, communicate the scope and breadth of project experience and highlight that which was unique or particularly noteworthy from a business or technical perspective. Capability information should present relevant references. Capability statements can present the potential capability of the firm, if they can reasonably support such potential by showing access to other available corporate or people expertise that supports such claims.

A business may not always be available nor afforded the opportunity to clarify or expand on particular information or issues presented in promotional information; therefore, the promotional information should be self-supporting. If the business conducted sufficient research about the customer, the capability information will not contain superfluous information but will directly address the customer's needs and objectives.

Most businesses are marketed by other businesses at some time or another. An interesting perspective to adopt when developing promotional literature, is to ask yourself what you need and want to know from a business that was fortunate enough to secure a few minutes of your valuable time. It might behoove the business to seek professional and expert assistance in developing marketing plans and tools to effectively advertise and sell its' products/services.

This Guidebook contains a partial list of small business development and resource centers collocated at local Universities and in the local communities that can help business in varying stages of business formation and development. The SBO web site “Resource” button is a gateway to a “virtual library” of other Federal and business links that assist in business development activities.

Market! Market! Market!

SMALL BUSINESS PROGRAM

The Small Business Act of 1958, as amended, and the Small Business Investment Act of 1958 reflects the declared policy of the Congress that small business concerns should receive a fair proportion of the Federal Government's contracts and purchases. It is the policy of the Federal Government to provide maximum practicable opportunities in its prime contracts and subcontracts to small, small disadvantaged and woman-owned businesses.

The DHHS and all of its Operating Divisions implement this Federal socioeconomic policy through an established Small and Disadvantaged Business Utilization Program. Each DHHS Operating Division, including the NIH, has a small business operational program at the activity intended to aid, counsel and assist small businesses.

The Small Business Program at the NIH is headed by the Chief, Small Business Program and is centrally located in the Office of the PORA, Director, Office of Contracts Management. Two of the NIH Institutes, the National Cancer Institute and the National Institute of Environmental Health Sciences, each employ a Small Business Program Manager/Small Business Specialist responsible for day-to-day activities at their IC. Small Business Specialists are responsible for taking necessary action to ensure small business consideration when reviewing requests for contracts and Government prime contractor's subcontracting plans, which establish goals to do business with small, small disadvantaged and woman-owned businesses. Additionally, Small Business Specialists counsel small businesses and engage in various outreach activities at the Federal, state and local community level.

The following programs are considered when setting forth acquisition strategies:

- Section 8(a) of the Small Business Act established a program that authorizes the Small Business Administration (SBA) to enter into all types of contracts with other Federal agencies and award subcontracts for performing those contracts to small and disadvantaged businesses which are eligible for program participation. Acquisitions (contracts and purchases) are offered to the 8(a) Program as a result of recommendations by agency contracting officers, program officials, small business specialists, or as a result of requests from the SBA on behalf of firms in its portfolio. The NIH executes 8(a) contracting on its own behalf, under a memorandum of understanding between the DHHS and the SBA.

- The small business set-aside is a mechanism by which acquisitions (contracts and purchases) are reserved for the exclusive participation of small business concerns. Small business set-asides are initiated by program officials and contracting officers or recommended by small business specialists when there is a reasonable expectation of receiving at least two offers from responsible small business concerns, which are capable of providing the products or services, and setting aside the contract will result in the Government making an award at a fair market price.

- The Historically Underutilized Business Zone (HUBZone) is a set-aside program for small firms located in designated geographic areas that have been targeted for economic stimulation.

- The very small business set-aside program is a pilot program for targeted geographic areas when very small entities can experience set aside preferences in competition.

- The Small Disadvantaged Business program utilizes various procurement mechanisms to afford "bidding" or "evaluation" adjustments for certified firms.

- Public Law 95-507 requires that every contractor awarded contracts exceeding the simplified acquisition threshold agree to subcontract with small, small disadvantaged, and woman-owned businesses to the maximum extent practicable. Each contract with "other than a small business" which exceeds $500,000, or $1,000,000 for construction, must have an approved subcontracting plan for the particular contract prior to award. The goals established for small, small disadvantaged and woman-owned businesses under a subcontracting plan must reflect a "good faith" effort to provide maximum practicable subcontract opportunities.

If the SBA has assigned a Procurement Center Representative to an agency, they become part of, but independently participate in the acquisition review process.

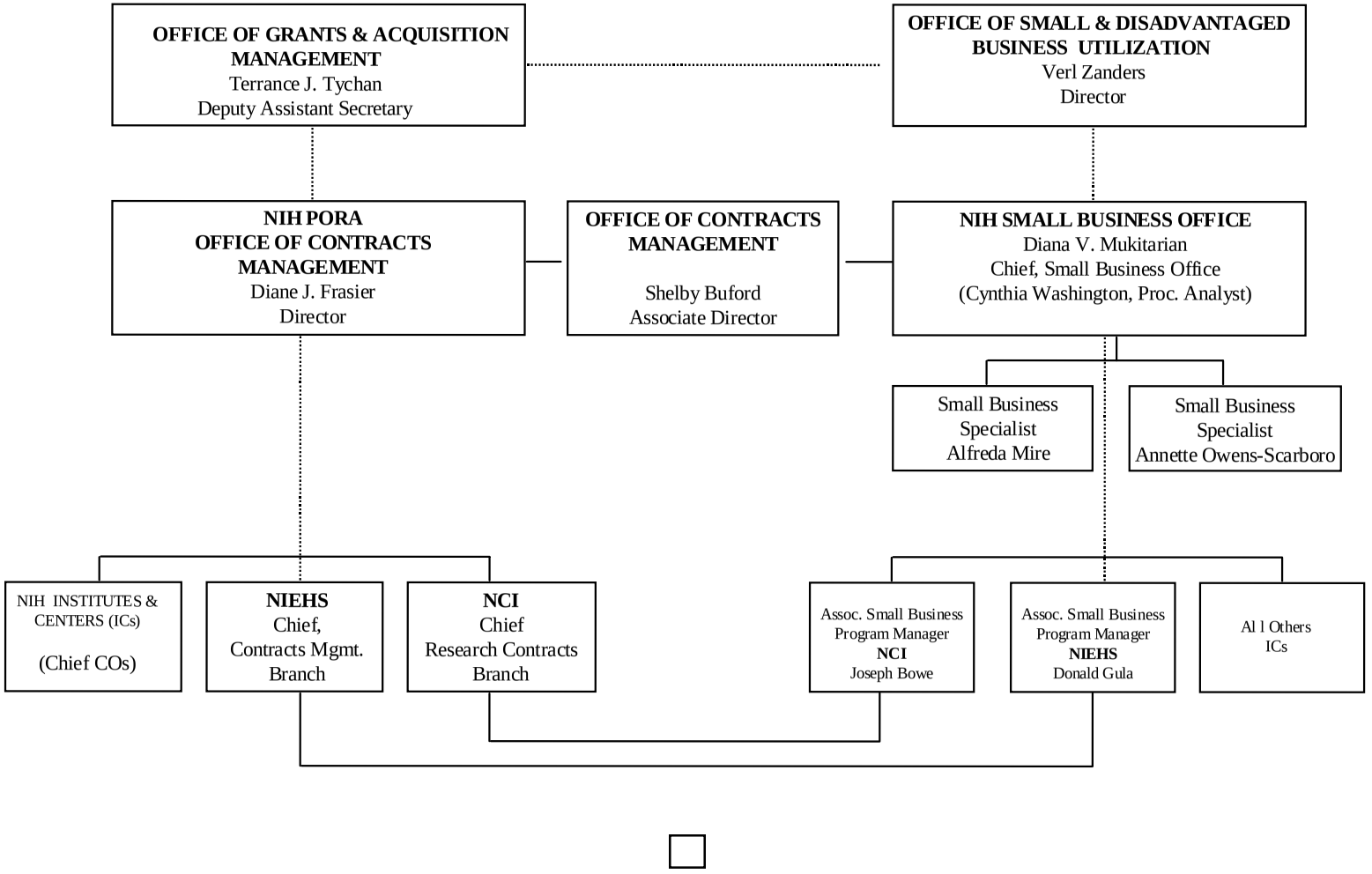
The Federal Acquisition Regulations (FAR) Part 19, Small Business Programs, implements the acquisition-related sections of the Small Business Act. FAR Part 19 addresses issues of eligibility for program participation, respective roles of executive agencies and the SBA in implementing the programs, set-asides, the subcontracting assistance programs, the 8(a) program, and use of woman-owned business. Detailed program information is posted on the SBO web site.

The NIH Small Business Office sponsors a small business seminar the first Wednesday of each month on "Conducting Business with the NIH." For additional information or to register, you may visit our web site at or contact the office at (301) 496-9639. Other counseling and technical assistance is available from all of the NIH Small Business Offices.

CONTRACTOR SOURCE SYSTEM

The Small Business Offices maintain central repositories of small business capability information. The information is collected via forms and/or capability statements submitted by contractors, and through the Department of Defense Central Contractor Registration (CCR) via their web site (http://www.acq.osd.mil/ec), through the Small Business Administration Source Systems and other commercial catalogues and resource directories. Firms may submit current capability information annually to the respective NIH Small Business Offices.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH
SOCIOECONOMIC PROGRAM
FUNCTIONAL ORGANIZATION



5/99

SAMPLE OF SBO WEBSITE

The NIH Small Business Office Program Functions

As mandated by the Small Business Act (15 U.S.C. 631, et seq.), as amended, and Executive Order 12138 this office is responsible for effectively implementing the small business program within the agency, including achieving program goals aimed at providing maximum practicable acquisition opportunities at the prime and subcontract level for small, small disadvantaged, woman-owned and HUBZone small businesses. Small business program responsibilities include:

8(a) Program

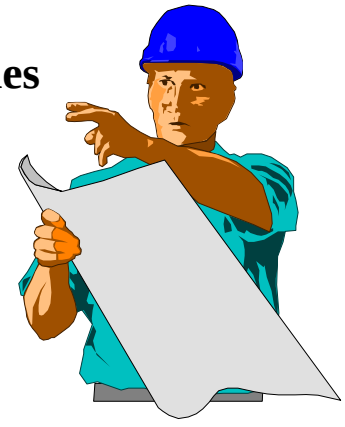
Woman-owned Business

Small Disadvantaged Business Program

Very Small Business Set-asides

Outreach Small Business Set-asides

HUBZone Set-asides



Subcontracting Assistance

NIH SMALL BUSINESS INNOVATION RESEARCH (SBIR) PROGRAM

Focus of program: Potential for commercialization of subject of research project.

Estimated amount of NIH-set-aside for fiscal year (FY) 1999: $352 million, an increase of $45 million from FY 1999.

Application/proposal receipt dates

Grant applications: April 1, August 1, and December 1 each year
Contract proposals: Annual receipt date of November 3.

NIH SMALL BUSINESS TECHNOLOGY TRANSFER (STTR) PROGRAM

Focus of program: To facilitate cooperative research and development (R&D) – with potential for commercialization – between small business concern and U.S. nonprofit research institution.

Estimated amount of NIH set-aside for fiscal year (FY) 2000: 21 million, an increase of 3 million from FY 1999.

Grant applications receipt dates: April 1, August 1, and December 1 each year

Three phases of program: Same as for the SBIR program.

Cooperative R&D: At least 40 percent of the project (both Phases I and II) must be performed by the small business concern and at least 30 percent of the project must be performed by the research institution (college or university; other non-profit research organization; or federal R&D center, such as Oak Ridge National Laboratory; but not laboratories staffed by federal employees).

Three phases of SBIR/STTR programs:

Phase I: Objective is to determine the scientific and technical merit, feasibility, and potential for commercialization of the proposed project and the quality of the performance of the small business concern, before consideration of further federal support in Phase II. Generally, not more than one-third of the project in Phase I may be conducted through consultant and contractual arrangements.

Phase II: Objective is to continue the research efforts initiated in Phase I. Funding is based on the results achieved in Phase I and the scientific and technical merit and commercial potential of the Phase II grant application or contract proposal. Generally, not more than one-half of the project in Phase II may be conducted through consultant and contractual arrangements.

Phase III: Objective of this phrase, where appropriate, is for the small business concern to pursue, with non-SBIR/STTR funds, the commercialization of the results of the research project funded in Phases I and II.

Amount and period of support for SBIR program:

- **Phase I:** Normally, should not exceed $100,000 for direct costs, indirect costs, and profit for a period normally not to exceed six months.

- **Phase II:** Normally should not exceed $750,000 for direct costs, indirect costs, and negotiated fixed fee for a period normally not to exceed two years, that is, generally, a two-year project should not cost more than $750,000 for that project. A Phase I award must have been received in order to apply for a Phase II award.

Amount and period of support for STTR program:

- **Phase I:** Normally, should not exceed $100,000 for direct costs, indirect costs, and profit for a period normally not to exceed one year.

- **Phase II:** Normally, should not exceed $500,00 for direct costs, indirect costs, and negotiated fixed fee for a period normally not to exceed two years, that is, generally, a two-year project may not cost more than $500,000 for that project. A Phase I award must have been received in order to apply for a Phase II award.

Eligibility for SBIR program:

- Applicant organization: For-profit, small business concern (sole proprietorship, partnership, corporation, joint venture, etc.) with no more than 500 employees. Economically and socially disadvantaged small business concerns and women-owned small business concerns are encouraged to participate in the program, but there is no preferential treatment afforded to either group.

Principal investigator (PI): The one individual designated by the applicant small business concern to be responsible for the scientific and technical direction of the project. PI must have his or her primary employment (over 50 percent) with the small business concern at the time of award and during the conduct of the project.

Eligibility for STTR program:

- Applicant organization: Same as SBIR program. The applicant small business concern will be the recipient of the award and will execute a subcontract with the research institution for performance under the STTR award.

Principal investigator (PI): Same as SBIR program, except that the PI may have his or her

Phase III: Objective of this phase, where appropriate, is for the small business concern to pursue, with non-SBIR/STTR funds, the commercialization of the results of the research project funded in Phases I and II.

Amount and period of support for SBIR program:

, **Phase I:** Normally, should not exceed $100,000 for direct costs, indirect costs, and profit for a period normally not to exceed six months.

, **Phase II:** Normally should not exceed $750,000 for direct costs, indirect costs, and negotiated fixed fee for a period normally not to exceed two years, that is, generally, a two-year project should not cost more than $750,000 for that project. A Phase I award must have been received in order to apply for a Phase II award.

Amount and period of support for STTR program:

, **Phase I:** Normally, should not exceed $100,000 for direct costs, indirect costs, and profit for a period normally not to exceed one year.

, **Phase II:** Normally, should not exceed $500,00 for direct costs, indirect costs, and negotiated fixed fee for a period normally not to exceed two years, that is, generally, a two-year project may not cost more than $500,000 for that project. A Phase I award must have been received in order to apply for a Phase II award.

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Principal investigator (PI): The one individual designated by the applicant small business concern to be responsible for the scientific and technical direction of the project. PI must have his or her primary employment (over 50 percent) with the small business concern at the time of award and during the conduct of the project.

Eligibility for STTR program:

, Applicant organization: Same as SBIR program. The applicant small business concern will be the recipient of the award and will execute a subcontract with the research institution for performance under the STTR award.

Principal investigator (PI): Same as SBIR program, except that the PI may have his or her

primary employment with other than the small business concern, including the research institution.

Inquiries for SBIR/STTR programs:

Calendar year SBIR and STTR solicitations, including application forms, are available electronically through the NIH web site at:

http://grants.nih.gov/grants/funding/sbir.htm.

A limited number of hard copies of the solicitations are produced. Subject to availability, they are available from:

PHS SBIR/STTR Solicitation Office
13687 Baltimore Avenue
Laurel, MD 20707-5096
Telephone: (301) 206-9385
FAX: (301) 206-9722
e-mail: a2y@cu.nih.gov

APPENDICES

APPENDIX A

NIH OFFICES OF PUBLIC LIAISON

For additional information about the NIH ICs, contact the following Public Liaison Officers:

Warren Grant Magnuson Clinical Center (CC)
Patient Recruitment and Public Liaison Office
Officer: Dottie Cirelli
Building 61, 10 Cloister Court
Bethesda, MD 20892-4754
(301) 496-2563
e-mail: dc104z@nih.gov

National Cancer Institute (NCI)
Office of Liaison Activities
Officer: Elaine Lee (Acting)
Building 31, Room 10A06
31 Center Drive, MSC 2580
Bethesda, MD 20892-2580
(301) 496-6631
e-mail: liaison@od.nci.nih.gov

National Center for Research Resources (NCRR)
Office of Science Policy and Public Liaison
Officer: Kathy Kaplan
Rockledge I, Room 5144
6705 Rockledge Drive, MSC 7965
Rockville, MD 20817-7965
(301) 435-0888
e-mail: kk87d@nih.gov

National Eye Institute (NEI)
Office of Communication, Health Education, and Public Liaison
Officer: Jean Horrigan
Building 31, Room 6A32
31 Center Drive, MSC 2510
Bethesda, MD 20892-2510
(301) 496-5248
e-mail: jh57h@nih.gov

National Human Genome Research Institute (NHGRI)
Office of Policy and Public Affairs
Officer: Sharon Durham
Building 31, Room 4B09
31 Center Drive, MSC 2152
Bethesda, MD 20892-2152
(301) 402-0911
e-mail: sd59m@nih.gov

National Heart, Lung, and Blood Institute (NHLBI)
Office of Science and Technology - Legislative and Public Liaison
Officer: Sandra Lindsay
Building 31, Room 5A03
31 Center Drive, MSC 2482
Bethesda, MD 20892-2482
(301) 496-4236
e-mail: sl34v@nih.gov

National Institute on Aging (NIA)
Office of Communications and Public Liaison
Officer: Jane Shure, Acting
Building 31, Room 5C27
31 Center Drive, MSC 2292
Bethesda, MD 20892-2292
(301) 496-1752
e-mail: js103g@nih.gov

National Institute on Alcohol Abuse and Alcoholism (NIAAA)
Office of Policy, Legislation and Public Liaison
Officer: Geoffrey Laredo
6000 Executive Boulevard, Suite 405
Bethesda, MD 20892-7003
(301) 443-3860
e-mail: gl61f@nih.gov

National Institute of Allergy and Infectious Diseases (NIAID)
Office of Communications and Public Liaison
Officer: Leslie Fink
Building 31, Room 7A50
31 Center Drive, MSC 2520
Bethesda, MD 20892-2520
(301) 496-5717
e-mail: LFink@niaid.nih.gov

National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)
Office of Communications and Public Liaison
Officer: Constance (Connie) Raab
Building 31, Room 4C05
31 Center Drive, MSC 2350
Bethesda, MD 20892-2350
(301) 496-8188
e-mail: NIAMSPublicLiaison@mail.nih.gov

National Institute of Child Health and Human Development (NICHD)
Legislative and Public Liaison Office
Officer: George Gaines
Building 31, Room 2A03
31 Center Drive, MSC 2425
Bethesda, MD 20892-2425
(301) 496-5133
e-mail: gg36u@nih.gov

National Institute on Drug Abuse (NIDA)
Public Information and Liaison Branch
Officer: Beverly Jackson
Parklawn Building, Room 10A39
5600 Fishers Lane, MSC 8027
Rockville, MD 20857-8027
(301) 443-1124
e-mail: bj50y@nih.gov

National Institute on Deafness and Other Communication Disorders (NIDCD)
Office of Health Communication and Public Liaison
Officer: Dr. Marin Allen
Building 31, Room 3C35
31 Center Drive, MSC 2320
Bethesda MD 20892-2320
(301) 496-7243
e-mail: ma51v@nih.gov

National Institute of Dental and Craniofacial Research (NIDCR)
Public Information and Liaison Branch
Officer: Susan Johnson
Building 31, Room 5B49
31 Center Drive, MSC 2290
Bethesda, MD 20892-2290
(301) 496-4261
e-mail: sj24f@nih.gov

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
Office of Communications and Public Liaison
Officer: Elizabeth (Betsy) Singer
Building 31, Room 9A03
31 Center Drive, MSC 2560
Bethesda, MD 20892-2560
(301) 496-3583
e-mail: niddk.inquiries@nih.gov

National Institute of Environmental Health Sciences (NIEHS)
Office of Communications and Public Liaison
Officer: William (Bill) Grigg
Building 31, Room B1C02
31 Center Drive, MSC 2256
Bethesda, MD 20892-2256
(919) 541-3345
e-mail: wg25b@nih.gov

National Institute of General Medical Sciences (NIGMS)
Office of Communications and Public Liaison
Officer: Ann Dieffenbach
Building 45, Room 1AS.25
45 Center Drive, MSC 6200
Bethesda, MD 20892-6200
(301) 496-7301
e-mail: ad41v@nih.gov

National Institute of Mental Health (NIMH)
Office of Communications and Public Liaison
Officer: Elaine Baldwin
Parklawn Building, Room 7-99
5600 Fishers Lane, MSC 8030
Rockville, MD 20857-8040
(301) 443-3600
e-mail: eb20z@nih.gov

National Institute of Neurological Disorders and Stroke (NINDS)
Office of Communications and Public Liaison
Officer: Marian Emr
Building 31, Room 8A06
31 Center Drive, MSC 2540
Bethesda, MD 0892-2540
(301) 496-5924
e-mail: me20t@nih.gov

National Institute of Nursing Research (NINR)
Office of Science Policy and Public Liaison
Officer: Daniel O'Neal
Building 31, Room 5B10
31 Center Drive, MSC 2178
Bethesda, MD 20892-2178
(301) 496-0207
e-mail: do35p@nih.gov

National Library of Medicine (NLM)
Office of Communications and Public Liaison
Officer: Kathleen Cravedi, Acting
Building 38, 2W-12
8600 Rockville Pike
Bethesda, MD 20894
(301) 496-6308
e-mail: kc102d@nih.gov

Office of AIDS Research (OD/OAR)
Office of Policy, Communications, and Public Liaison
Officer: Wendy Wertheimer
Building 31, Room 4C02
31 Center Drive
Bethesda, MD 20892
(301) 496-0357
e-mail: ww5n@nih.gov

Office of the Director (OD)
Office of Communications and Public Liaison
Officer: Anne Thomas
Building 1, Room 344
1 Center Drive, MSC 0188
Bethesda, MD 20892
(301) 496-4461
e-mail: at9m@nih.gov

APPENDIX B

NIH CONTRACTING OFFICES

For information about contract support to the various NIH ICs, contact the following contracting offices*:

Office of Contracts Management, Office of Administration
Principal Official Responsible for Acquisition, and
Director, OCM/OA
6100 Executive Boulevard - MSC 7540
Room 6D01
Bethesda, Maryland 20892-7540
Telephone Number: (301) 496-4422

National Institute of Environmental Health Sciences (NIEHS)
P.O. Box 12874
79 P.W. Alexander Drive
Building 4401
Research Commons Building, Suite 100
Research Triangle Park, North Carolina 27709
(919) 541-4670

National Library of Medicine (NLM)
Building 38A - Room BlNl7
8600 Rockville Pike
Bethesda, Maryland 20892-6075
(301) 496-6546

National Institute of Dental and Craniofacial Research (NIDCR)
Natcher Building - Room 4AN-44D
45 Center Drive MSC 6402
Bethesda, Maryland 20892-6402
(301) 594-0652

*The NIH operates under the "Competitive Service Center Concept" and not all of the NIH ICs house contracting offices. In some instances, an IC may acquire acquisition support from another IC Contracting Office. Further, some contracting offices provide research and development support solely, some provide station support solely, and other contracting offices may provide "full service" or both types of contracting support. Public liaison offices are able to direct interested parties to the appropriate contracting offices supporting their IC.

National Cancer Institute (NCI)

Executive Plaza South - Room 604B
6120 Executive Boulevard MSC 7222
Bethesda, Maryland 20892-7222
(301) 496-8628

National Cancer Institute-Frederick
Cancer Research and Development Center (NCI-FCRDC)
Building 427 - Room 25
Fort Detrick
P.O. Box B
Frederick, Maryland 21702-1201
(301) 846-1113

National Heart, Lung, and Blood Institute (NHLBI)
Rockledge Building (RKL2)
Room 6100 MSC 7902
6701 Rockledge Drive
Bethesda, Maryland 20892-7902
(301) 435-0330

National Institute of Mental Health (NIMH)
6001 Executive Boulevard
Room 6S-6107, MSC 9603
Bethesda, Maryland 20892-9603
(301) 443-2696

National Institute of Neurological Disorders and Stroke (NINDS)
6001 Executive Boulevard
Room 3287 MSC 9531
Bethesda, Maryland 20892-9531
(301) 496-1813

National Institute on Drug Abuse (NIDA)
6001 Executive Boulevard
Room 3105 MSC 9543
Bethesda, Maryland 20892-9543
(301) 443-6679

Office of Procurement Management (OPM)
6011 Executive Boulevard - Room 505D
Bethesda, Maryland 20892-7260
(301) 496-7448

National Institute of Allergy and Infectious Diseases (NIAID)
Research Contracting
Solar Building - Room 3CO7
6003 Executive Boulevard MSC 7610
Bethesda, Maryland 20892-7610
(301) 496-0612

National Institute of Allergy and Infectious Diseases (NIAID)
Acquisition Management and Operations Branch
Contracts Section
Solar Building - Room 1C38
6003 Executive Boulevard MSC 7605
Bethesda, Maryland 20892-7605
(301) 402-2284

Office of Contracts Management, Division of Research Contracts (DRC)
6100 Executive Boulevard
Room 6EOl MSC 7540
Bethesda, Maryland 20892-7540
(301) 496-4487

National Institute of Diabetes & Digestive and Kidney Diseases (NIDDK)
Natcher Building - Room 6AN32
45 Center Drive MSC 6600
Bethesda, Maryland 20892-6600
(301) 594-7728

National Institute of Child Health and Human Development (NICHD)
6100 Executive Boulevard
Room 7AO7 MSC 7510
Bethesda, Maryland 20892-7510
(301) 496-4611

National Institute of Arthritis & Musculoskeletal Skin Diseases (NIAMS)
Natcher Building - Room 5AS-1 3A
45 Center Drive MSC 6500
Bethesda, Maryland 20892-6500
(301) 594-2543

National Institute on Alcohol Abuse and Alcoholism (NIAAA)
Willco Building - Room 504
6000 Executive Boulevard MSC 7003
Bethesda, Maryland 20892-7003
(301) 443-1191

National Institutes of Health Purchasing Offices and Posting Boards

Office of Procurement Management

Division of Small Purchasing
6011 Executive Boulevard, 505D
Bethesda, Maryland 20892
Telephone Number: (301) 496-2301

Blanket Purchase Agreement Branch (No Posting Board)
6011 Executive Boulevard, Room 549F
Bethesda, Maryland 20892
Telephone Number: (301) 496-5212

Clinical Center Small Purchasing
6011 Executive Boulevard, Room 559A
Bethesda, Maryland 20892
Telephone Number: (301) 496-3704

National Cancer Institute

Research Contracts Branch
6120 Executive Boulevard, Room 634
Bethesda, Maryland 20892
Telephone Number: (301) 402-4509

National Center for Research Resources

Biomedical Engineering & Instrumentation Program
Building 13, Room 3N17
9000 Rockville Pike
Bethesda, Maryland 20892
Telephone Number: (301) 496-4101

National Institute on Aging

Procurement Specialist
NIH Gerontology Research Center
4940 Eastern Avenue, Room 1E08
Baltimore, Maryland 21224
Telephone Number: (410) 558-8105

National Institute on Drug Abuse

Administrative Services Branch
P.O. Box 5180
5500 Nathan Shock Drive
Baltimore, Maryland 21224
Telephone Number: (410) 550-1490

National Institute of Diabetes and Digestive and Kidney Diseases

Station Support Section, Acquisitions Management Branch
Building 45, Room 6AN-32
45 Center Drive
Bethesda, Maryland 20892
Telephone Number: (301) 594-7733

National Institute of Environmental Health Services

Purchasing Agent
P.O. Box 12874
79 P.W. Alexander Drive
Building 4401
Research Commons Building, Suite 120
Research Triangle Park, North Carolina 27709
Telephone Number: (919) 541-0387

National Heart, Lung and Blood Institute

Procurement Section
Rockledge Building, Room 6150
6701 Rockledge Drive
Bethesda, Maryland 20982
Telephone Number: (301) 480-3345

National Library of Medicine

Small Purchases
Building 38A, Room B1N20
8600 Rockville Pike
Bethesda, Maryland 20894
Telephone Number: (301) 496-6127

National Institutes of Allergy and Infectious Disease

Acquisition Management and Operations Branch
Delegated Procurement Section
Solar Building - Room 1C38
6003 Executive Boulevard MSC 7605
Bethesda, Maryland 20892-7605
Telephone Number: (301) 402-2284

NIH Distribution Center

Storage and Distribution of Stock
16050 Industrial Drive
Gaithersburg, MD 20878

Supply Management Branch - Inventory Managers
(301) 496-3395

APPENDIX C

SMALL BUSINESS OFFICES

Chief, Diana Mukitarian
NIH Small Business Office
Small Business Staff:
Diana Mukitarian
Annette Owens-Scarboro
Emir Ali
6100 Executive Boulevard - Room 6D05
MSC 7540
Bethesda, Maryland 20892-7540
Telephone Number: (301) 496-9639
FAX (301) 480-2506
e-mail: sbmail@od.nih.gov
web site: http://sbo.od.nih.gov

Mary B. Workman
National Institute of Environmental Health Sciences
Small Business Program Manager
P.O. Box 12874
4401 Research Commons Building
79 Alexander Drive
Research Triangle Park, NC 27709
Telephone Number: (919) 541-0377
FAX (919) 541-2712
e-mail: workman@niehs.nih.gov

Joseph Bowe
National Cancer Institute
Small Business Program Manager
6120 Executive Boulevard - Room 608
Bethesda, Maryland 20892-7222
Telephone Number: (301) 496-8628
FAX (301) 480-0309
e-mail: bowej@rcb.nci.nih.gov

APPENDIX D

SBIR/STTR OFFICE

Small Business Innovation Research (SBIR) Program
Small Business Technology Transfer (STTR) Program
Office Of Extramural Research
National Institutes of Health
JoAnn Goodnight
6701 Rockledge Drive, Room 6186-MSC 7910
Bethesda, MD 20892-7910
Telephone Number: (301) 435-2770

APPENDIX E

OTHER RESOURCES

The following are additional resources and points of contact that provide information, counsel or assistance to businesses.

Department of Health and Human Services (DHHS)
Office of Small and Disadvantaged Business Utilization
Building HHH, Room 517-D
200 Independence Avenue, S.W.
Washington, D.C. 20201
Telephone Number: (202) 690-7300
FAX: (202) 260-4872
e-mail: verlz@os.dhhs.gov
DHHS web site: http://www.os.dhhs.gov **or** http://www.hhs.gov

National Institutes of Health (NIH)
9000 Rockville Pike
Bethesda, MD 20892
Telephone Number: (301) 496-4000
NIH web site: http://www.nih.gov

NIH Freedom of Information Act Office
Building 31, Room 2B39
9000 Rockville Pike
Bethesda, Maryland 20892
Telephone Number: (301) 496-5633

NIH Competition Advocate
Building 1, Room 140
9000 Rockville Pike
Bethesda, Maryland 20892
Station Support: — Dr. Philip Chen — Telephone Number: (301) 496-3561
Research and Development: — Dr. Anthony Demsey — Telephone Number: (301) 435-2686

NIH Chief Information Officer (CIO)
Building 31, Room 12A-3033
9000 Rockville Pike
Bethesda, Maryland 20892
Telephone Number: (301) 496-5703

NIH Extramural Grant Program
6701 Rockledge Drive MSC 7910
Bethesda, Maryland 20892-7910
Telephone Number: (301) 435-0714
e-mail: asknih@od.nih.gov

SBA SBIR: Telephone Number: (202) 205-6450
Small Business Resource Center
3 West Baltimore Street
Baltimore, Maryland 21201
Telephone Number: (410) 605-0990

Business Information Center
110 Vermont Avenue, N.W. - 9th Floor
Washington, D.C. 20416
Telephone Number: (202) 606-4000 ext. 266

Suburban Washington Small Business Development Center
101 Monroe Street - 15th Floor
Rockville, Maryland 20850
Point of Contact: Linda Miller
Telephone Number: (301) 217-2345
FAX: (301) 217-2047

Howard University Small Business Development Center
2600 Sixth Street, N.W.
Washington, D.C. 20059
Telephone Number: (202) 806-1550
FAX: (202) 806-1777

The George Washington University National Law Center
2000 G. Street, N.W., Suite 200
Washington, D.C. 20052
Point of Contact: Professor Susan R. Jones, Director of Small Business Clinic
Telephone Number: (202) 994-7463
FAX: (202) 994-4946

George Mason University Small Business Development Center
4260 Chain Bridge Road, Suite A-1
Fairfax, Virginia 22030-4444
Telephone Number: (703) 277-7700
FAX: (703) 277-7730

Electronic Commerce Program Office
511 Leesburg Pike, Suite 9104
ATTN: EC/EDI Information Officer
Falls Church, Virginia 22041
Telephone Number: (800) EDI-3414

APPENDIX F

ACCESS TO THE NIH TELEPHONE AND SERVICE DIRECTORY

To obtain a NIH Telephone and Service Directory, you can call, send a fax, or write to the Government Printing Office (GPO), Superintendent of Documents.

Address:

Government Printing Office
Superintendent of Documents
P.O. Box 371954
Pittsburgh, Pennsylvania 15250-7954

Telephone Number: (202) 512-1800

FAX: (202) 512-2250

Web Site: http://www.access.gpo.gov

The cost of the directory is $41.00. Method of payment can be by Visa, MasterCard, or personal check.

The document number is 017-040-00544-0

APPENDIX G

ACRONYMS

A-E	Architect Engineering
AMC	Acquisition Management Committee
AP	Acquisition Plan
BAFO	Best and Final Offer
BOA	Basic Ordering Agreement
B&P	Bid and Proposal
BPA	Blanket Purchase Agreement
CAS	Cost Accounting Standard
CBD	Commerce Business Daily
CC	Clinical Center
CCO	Chief of the Contracting Office
CEC	Contractor Establishment Code (Dun & Bradstreet No.)
CFR	Code of Federal Regulations
CIT	Center for Information Technology
CO	Contracting Officer
COC	Certificate of Competency
CPAF	Cost Plus Award Fee
CPFF	Cost Plus Fixed Fee
CPIF	Cost Plus Incentive Fee
CR	Cost Reimbursement
CS	Contract Specialist
CSR	Center for Scientific Review
DCAA	Defense Contract Audit Agency
DELPRO	Delegated Procurement System
DHHS	Department of Health and Human Services
DPA	Delegation of Procurement Authority
EIN	Employer Identification Number (passe)
FAR	Federal Acquisition Regulations
FCRDC	Frederick Cancer Research and Development Center
FFP	Firm Fixed Price
FIC	Fogarty International Center
FOC	Full and Open Competition
FOI	Freedom of Information
FOIA	Freedom of Information Act
FP	Fixed Price
FR	Federal Register

FY	Fiscal Year
GAO	General Accounting Office
GPO	Government Printing Office
GSA	General Services Administration
HCA	Head of the Contracting Activity
HUBZone	Historically Underutilized Business Zones
IC	Institutes, Centers
IDC	Indefinite Delivery Contract
IFB	Invitation for Bid
IMPAC	Information for Management, Planning, Analysis and Coordination (Data System)
IMPACT	Integrated Management of Personnel Administration Through Computer Technology
IRM	Information Resources Management
JOFOC	Justification for Other than Full and Open Competition
LAN	Local Area Network
LOE	Level of Effort
MA	Master Agreement
MOU	Memorandum of Understanding
NCCAM	National Center for Complementary and Alternative Medicine
NCI	National Cancer Institute
NCRR	National Center for Research Resources
NEC	Not Elsewhere Classified
NEI	National Eye Institute
NHGRI	National Human Genome Research Institute
NHLBI	National Heart, Lung and Blood Institute
NIA	National Institute on Aging
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIAID	National Institute of Allergy and Infectious Diseases
NIAMS	National Institute of Arthritis and Musculoskeletal and Skin Diseases
NICHD	National Institute of Child Health and Human Development
NIDA	National Institute on Drug Abuse
NIDCD	National Institute on Deafness and Other Communication Disorders

NIDCR	National Institute of Dental and Craniofacial Research
NIDDK	National Institute of Diabetes and Digestive and Kidney Diseases
NIEHS	National Institute of Environmental Health Sciences
NIGMS	National Institute of General Medical Sciences
NIH	National Institutes of Health
NIMH	National Institute of Mental Health
NINDS	National Institute of Neurological Disorders and Stroke
NINR	National Institute of Nursing Research
NIST	National Institute of Standards and Technology
NLM	National Library of Medicine
OA	Office of Administration
OCM	Office of Contracts Management
OFCCP	Office of Federal Contract Compliance Programs
OIRM	Office of Information Resources Management
OPDIV	Operating Division
OS	Office of the Secretary
OSDBU	Office of Small and Disadvantaged Business Utilization
PA	Privacy Act
PCR	Procurement Center Representative
PHS	Public Health Service
PI	Principal Investigator
PIA	Procurement Integrity Act
P.L.	Public Law
PMS	Payment Management System
PO	Project Officer
PORA	Principal Official Responsible for Acquisition
R&D	Research and Development
RFC	Request for Contract
RFP	Request for Proposal
RFQ	Request for Quotation
SB	Small Business
SBA	U. S. Small Business Administration
SBIR	Small Business Innovation Research
SBO	Small Business Office
SBSA	Small Business Set-aside
SBS	Small Business Specialist
SDB	Small Disadvantaged Business
SF	Standard Form
SIC	Standard Industrial Classification

SON	Summary of Negotiation
SOW	Statement of Work
SRA	Scientific Review Administrator
STTR	Small Business Technology Transfer Research
TO	Task Order
U.S.C.	United States Code
WHI	Women's Health Initiative
WOB	Woman Owned Business
WYLBUR	No acronym. Interactive system providing simultaneous service to more than 825 terminals or microcomputers.

APPENDIX H

TOURS

The **NIH Visitor Information Center** conducts a tour for the public every Monday, Wednesday, and Friday (except holidays) beginning at 11:00 a.m. The tour starts in the Little Theater, which is located on the B1 level of the Clinical Center (Building 10). The tour includes a videotape introduction to the NIH, an overview of NIH organization and programs, and a walking tour through the Warren Grant Magnuson Clinical Center. In addition to English, the NIH videotape is available in eight languages: Chinese, French German, Italian, Japanese, Korean, Russian, and Spanish. Reservations are not necessary. For more information, call or visit the NIH Visitor Information Center at (301) 496-1776.

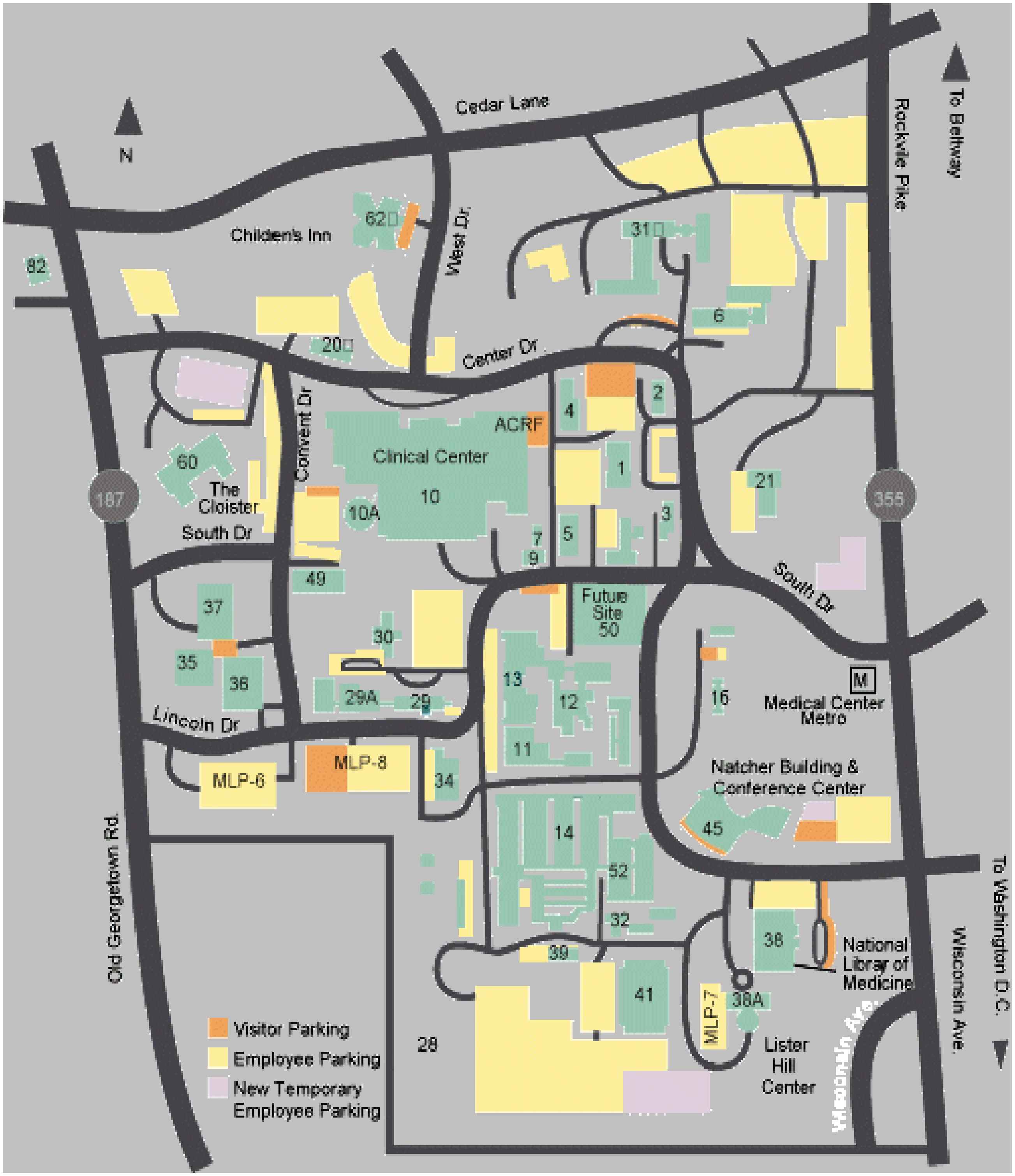
The **National Library of Medicine (NLM)** tour is on Monday through Friday at 1:00 p.m. The tour starts at the Lister Hill Center for Biomedical Research Visitors Center. The Lister Hill Center is the tall building next to the National Library of Medicine. For more information, call the NLM Main Reading Room at (301) 594-5983 or the Office of Public Information at (301) 496-6308.

The tour of the **Children's Inn** at the NIH is the second Wednesday of every month from 11:30 a.m. to 1:00 p.m. For more information, call the Children's Inn at (301) 496-5672.

The **NIH Clinical Center Library** has a tour every Wednesday at 2:00 p.m. The Library Tour starts at the Information Desk, which is located in the Warren Grant Magnuson Clinical Center, Building 10. For more information, call the Library at (301) 496-1156

The **Dewitt Stetten Jr. Museum of Medical Research** at the NIH collects and houses exhibits in the halls of the first floor of the Clinical Center and on the first and sixth floors of Building 31. For additional information, call the Museum Office, Building 31, Room 2B09, (301) 496-6610.

MAP OF NIH



N
Cedar Lane
Childen's Inn
62
82
West Dr.
31
6
20
Center Dr
Convent Dr
Clinical Center
10
10A
ACRF
4
2
1
21
60
The Cloister
187
355
South Dr
5
3
7
9
49
37
Future Site 50
South Dr
30
35
36
29A
29
13
12
16
M
Medical Center Metro
Lincoln Dr
11
MLP-6
MLP-8
34
Natcher Building & Conference Center
45
Old Georgetown Rd.
14
52
32
38
39
National Library of Medicine
41
MLP-7
38A
Lister Hill Center
Wisconsin Ave.
28
Visitor Parking
Employee Parking
New Temporary Employee Parking
Rockville Pike
To Beltway
To Washington D.C.
Wisconsin Ave.

NOTES:

Prepared by:

The National Institutes of Health
Small Business Office
with contributions from various Information and Acquisition Offices

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